

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name		Elychuth Mary Aaron		Town		Cambridge		County		Borchester		State		MARYLAND	
Died at		Date of death		Month		Day		Age		Years		Months		Days	
1909		Aug		22		Age		1		Years		11		13	
Sex		Female		Color or Race		White		Birthplace		Cambridge					
Occupation		Baby		Where Residing if not at place of death		Cambridge									
Married, Single or Widowed		Single		Name of Wife or Husband											
Father's Name		John W. Aaron		Father's Birthplace		Hoop Island									
Mother's Maiden Name		Mary Price		Mother's Birthplace		Cambridge									
Name of person giving Information		Mary Price		How related to deceased		Mother									

CAUSES OF DEATH

166

D

PHYSICIAN
OR CORONER

Primary		Bite on St.		How long		immediate	
Immediate		Blood Poison		How long		minutes	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		John M. Mason	
				Address		Cambridge Md	
Accident or Suicide		L + 16					

2005-2008



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>James R. W. Adams</i>		Town <i>Bishops Head</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Bishops Head</i>		Month <i>August</i>		Day <i>16</i>		Years <i>68</i>	
Date of death <i>1909</i>		Age <i>68</i>		Months <i>6</i>		Days <i>16</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Bishops Head</i>			
Occupation <i>Cystrerman</i>		Where Residing if not at place of death <i>Bishops Head</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>William Louisa Adams</i>					
Father's Name <i>Clemmy Adams</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Susan Adams</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Edward J Adams</i>		How related to deceased <i>son</i>					

CAUSES OF DEATH

154

How long

Primary

Senility

Immediate

*Heart failure*Are the name, age, sex, color, date
and place correctly given above? *Yes, so**far as I know*

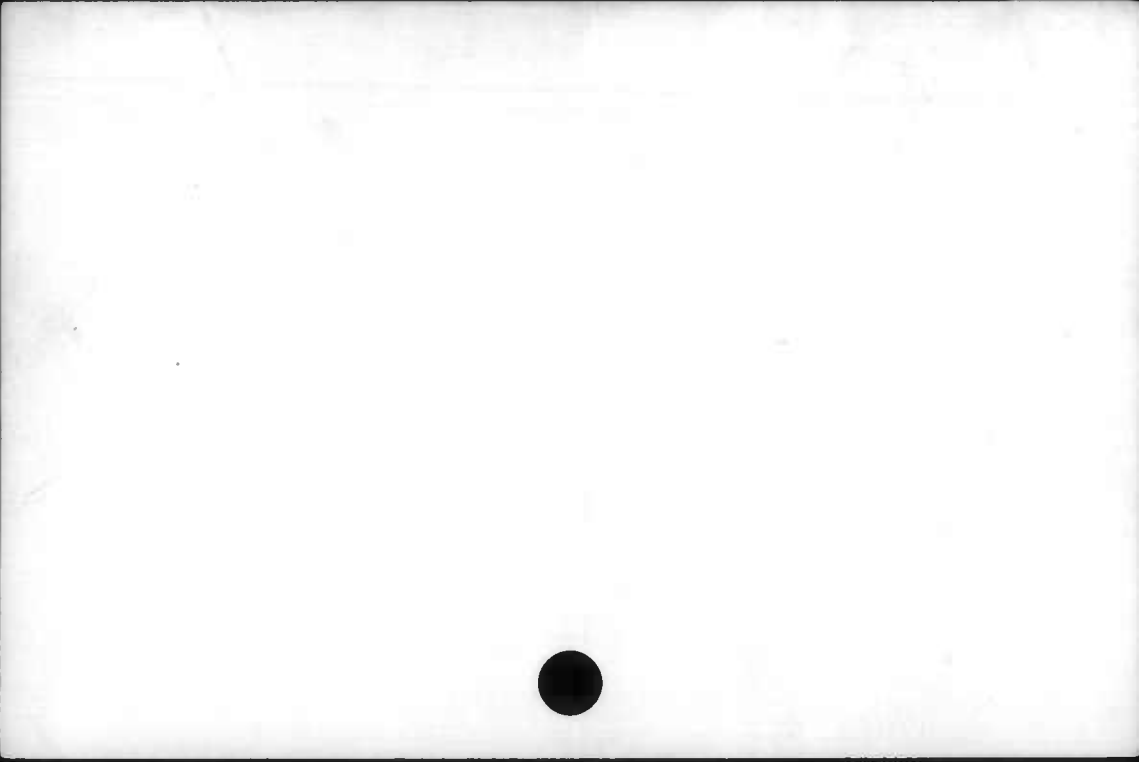
Accident or Suicide

Signature of
Physician

Address

J. M. White M.D.
Essex
Md

PHYSICIAN
OR CORONER



TO BE ANSWERED BY NEAREST FRIEND	Name in Full Mary Elizabeth Alford		Town Secretary		County Dorchester		MAYLAND	
	Died at Secretary		Month 8		Day 26		Years 4	
	Date of death 1909		Age 4		Months 7		Days 29	
	Sex Female		Color or Race White		Birth-place Ind			
TO BE ANSWERED BY NEAREST FRIEND	Occupation Infant (child)		Where Residing if not at place of death Secretary					
	Married, Single or Widowed Child		Name of Wife or Husband None					
	Father's Name Charles Alford		Father's Birthplace Ind					
	Mother's Maiden Name Ida M. Cokeran		Mother's Birthplace Ind					
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving Information Charles Alford		How related to deceased Father					
	CAUSES OF DEATH							
	Primary Burned entire body & limbs from head to foot		How long How long					
	Immediate Oedema lungs		How long Two months					
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. W. Stoughton		Address East New Market			
	Accident or Suicide Burning by clothing catching fire							
	OFFICE SUPPLY CO. 2364							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
CORONER

CAUSES OF DEATH

167

Primary *Burned entire body & limbs from kneeling hours* How long *few months*

Immediate *Odema lungs*

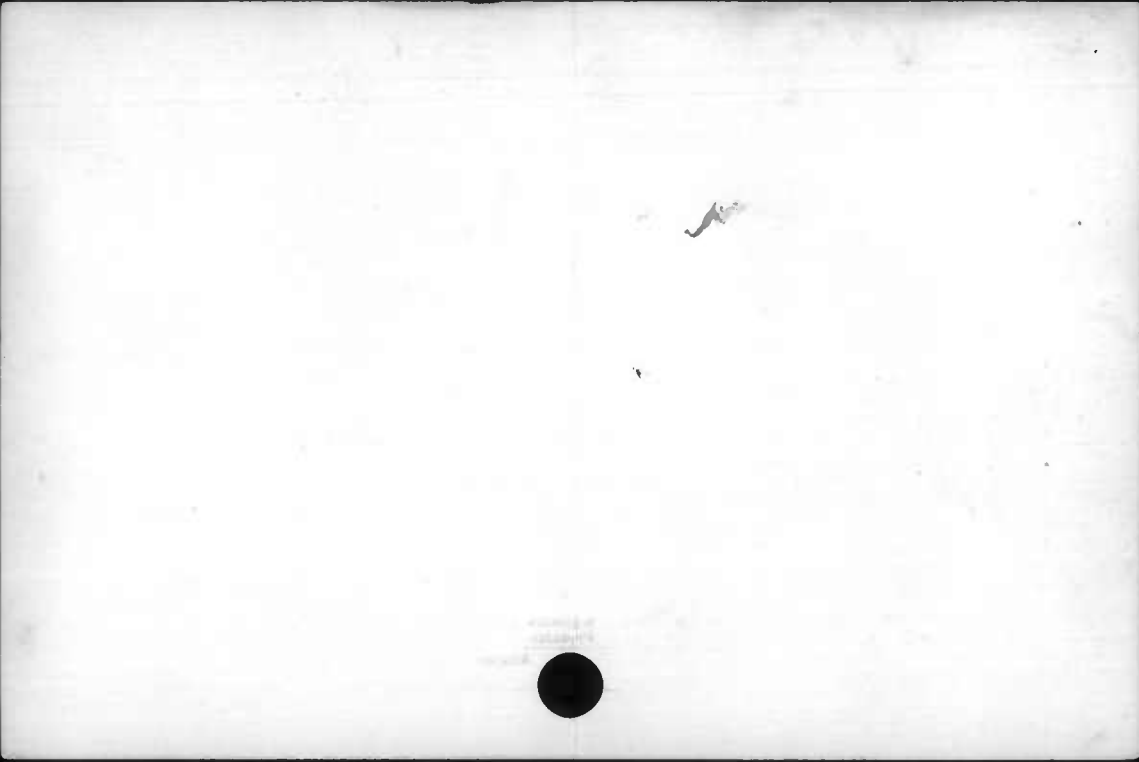
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. W. Stenberg*

Address *East New Market*

Accident or Suicide *Burning by clothing catching fire*

OFFICE SUPPLY CO. 2364

OFFICE SUPPLY CO. 2364



Name
In
Full

Burtha M Becton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Petersburg* ^{Town} *Dorchester* ^{County} **MARYLAND**
Date of death *1909* ^{Month} *aug* ^{Day} *22* Age *6 weeks* ^{Years} ^{Months} ^{Days}
Sex *Female* Color or Race *Colored* Birth-place *md*
Occupation _____ Where Residing if not at place of death _____

☒ Married, Single or Widowed Name of Wife or Husband *infant*

Father's Name *Edgar Beston*

Father's Birthplace *md*

Mother's Maiden Name *unknown*

Mother's Birthplace *md*

Name of person giving Information *Edgar Becton*

How related to deceased *Father*

CAUSES OF DEATH

Primary *unknown*

How long *2 weeks*

Immediate *"*

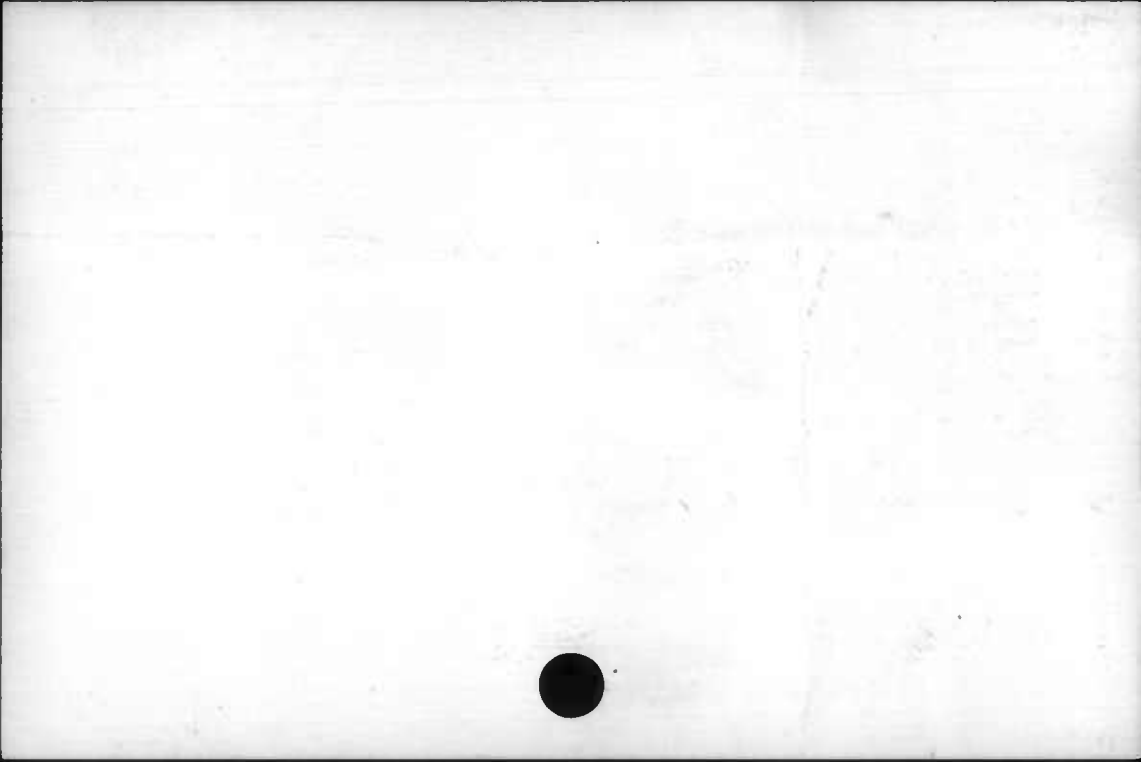
Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *none in attendance*

Address *Robert L Hastings
Local Registrar*

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in
Full

CERTIFICATE OF DEATH

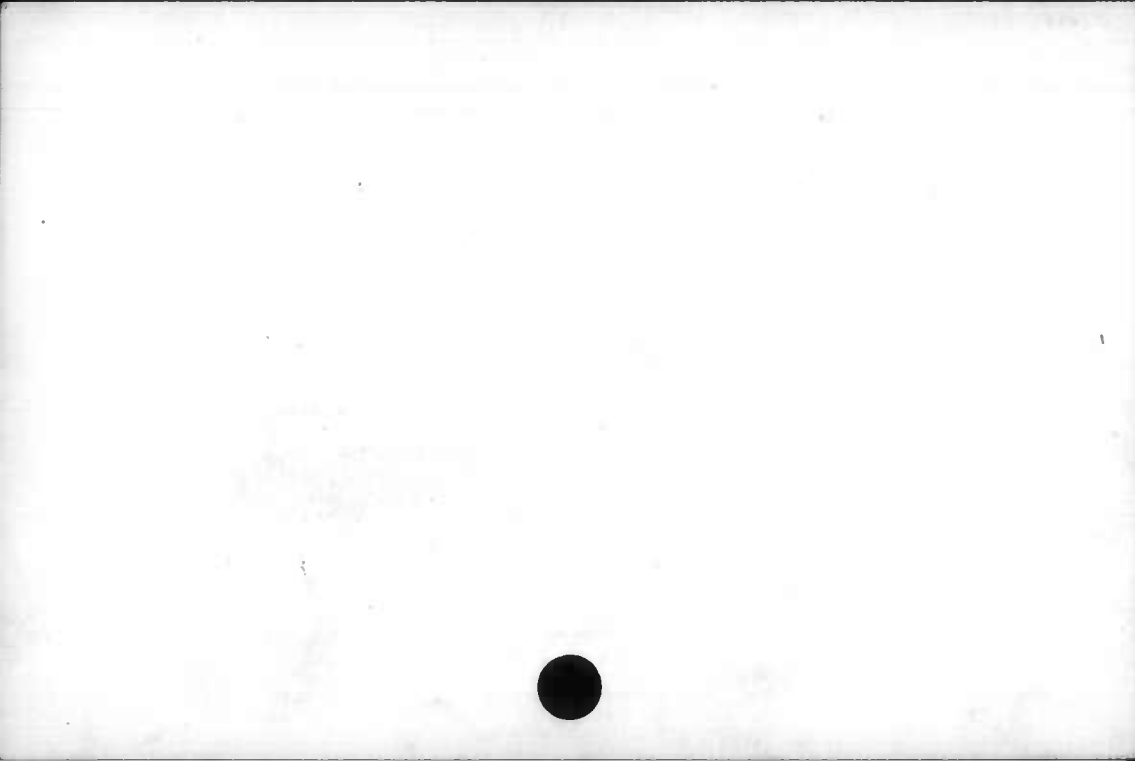
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town <i>Torchester</i>		County <i>MARYLAND</i>	
Date of death <i>1909 Aug 14</i>		Month <i>Aug</i>		Day <i>14</i>	
Age <i>11</i>		Years <i>11</i>		Months <i>11</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth place <i>Torchester Co</i>	
Occupation <i>Infant</i>		Where Residing If not at place of death <i>---</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>---</i>			
Father's Name <i>Irvin Bowley</i>		Father's Birthplace <i>Torchester Co</i>			
Mother's Maiden Name <i>Mary A Stiles</i>		Mother's Birthplace <i>Torchester Co</i>			
Name of person giving Information <i>Irvin Bowley</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

Primary	<i>Gastro Enteritis</i>	<i>105</i> X
Immediate	<i>Ischemia</i>	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	How long
Signature of Physician <i>L & H</i>	Signature of Physician <i>Dexter F. Reynolds</i>	Address <i>Cambridge, Md</i>
Accident or Suicida		

PHYSICIAN
OR CORONER



Name
in
Full

Mary A. G. Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	190 <u>9</u> <u>Aug.</u> Month	<u>6</u> Day	Age <u>1</u> Years	<u>6</u> Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>None</u>		Where Residing if not at place of death <u>Cambridge Md</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Gordman W. Bramble</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Sarah J. Asplin</u>		Mother's Birthplace <u>"</u>			
Name of person giving Information <u>Gordman W. Bramble</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

116

X

PHYSICIAN
OR CORONER

Primary <u>General Peritonitis</u>	How long <u>3 days</u>
Immediate <u>To Lauder</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. H. G. Lauder</u>
	Address <u>Cambridge Md</u>
Accident or Suicide	



Name
in
Full

Ira Cheslob.

CERTIFICATE OF DEATH

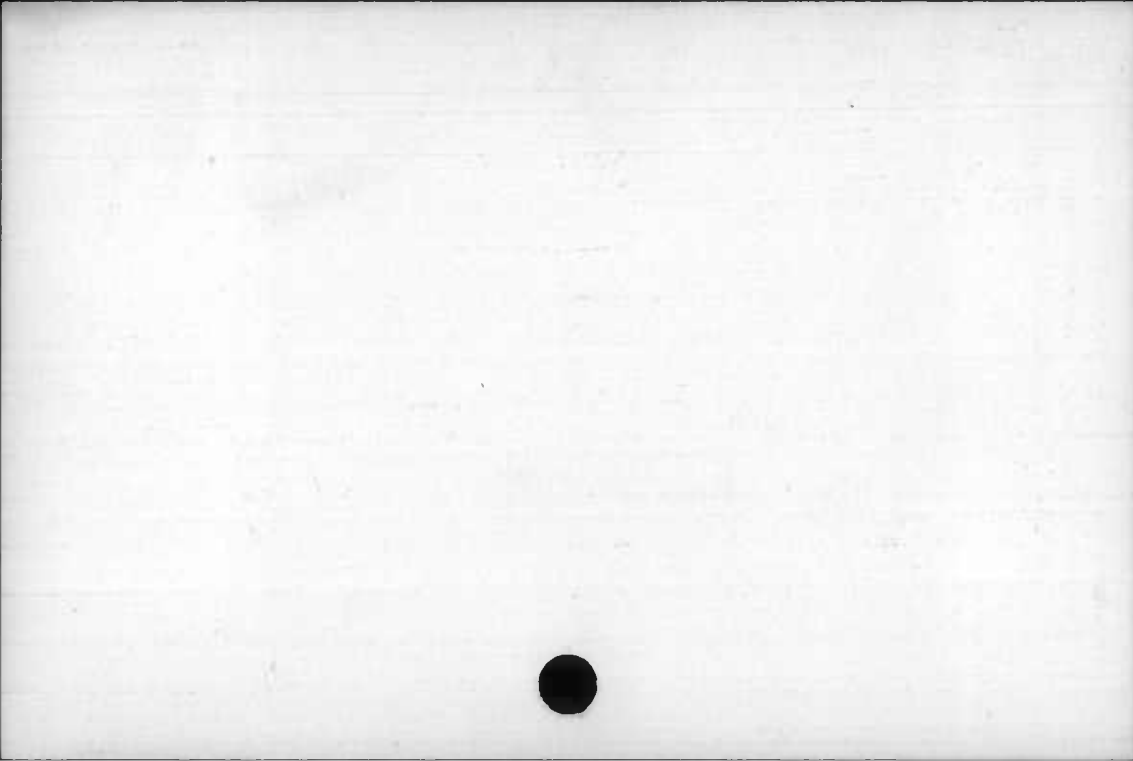
TO BE ANSWERED BY
NEAREST FRIEND

Died at Belen Town		Barstetter County		MARYLAND	
Date of death	1909 Month	Aug Day	Age	- Years	10 Months
Sex	Female	Color or Race	White	Birth-place	Balto Md.
Occupation	Sufam.		Where Residing if not at place of death		
Married, Single or Widowed	Sufam.	Name of Wife or Husband	Sufam		
Father's Name	Wallace Cheslob.			Father's Birthplace	Poland Russia
Mother's Maiden Name	Veronica Suvva.			Mother's Birthplace	Poland Russia
Name of person giving information	Wallace Cheslob.			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Sufam tum	How long	105 X
Immediate	Heart Failure	How long	2 wks.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician D H Blau.		
	Address Vienna Md.		
Accident or Suicide?			



Name
in
Full

Not named Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Sturlock TownCounty Dor

MARYLAND

Date

of death 190

Month

8

Day

21

Age

Years

1

Months

4

Days

4

Sex

male

Color or
Race

White

Birth-
place

Sturlock Md

Married, Single
or ~~Widowed~~

Occupation

none

Name of Wife or
Husband

none

Father's
Name

John Collins

Father's
Birthplace

Dor Co, Md

Mother's
Maiden Name

Katie Bowdle

Mother's
Birthplace

Dor Co, Md

Name of person giving
In formation

John Collins

How related
to deceased

Father

CAUSES OF DEATH

How long

Primary

shut Born

How long

Immediate

The same

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

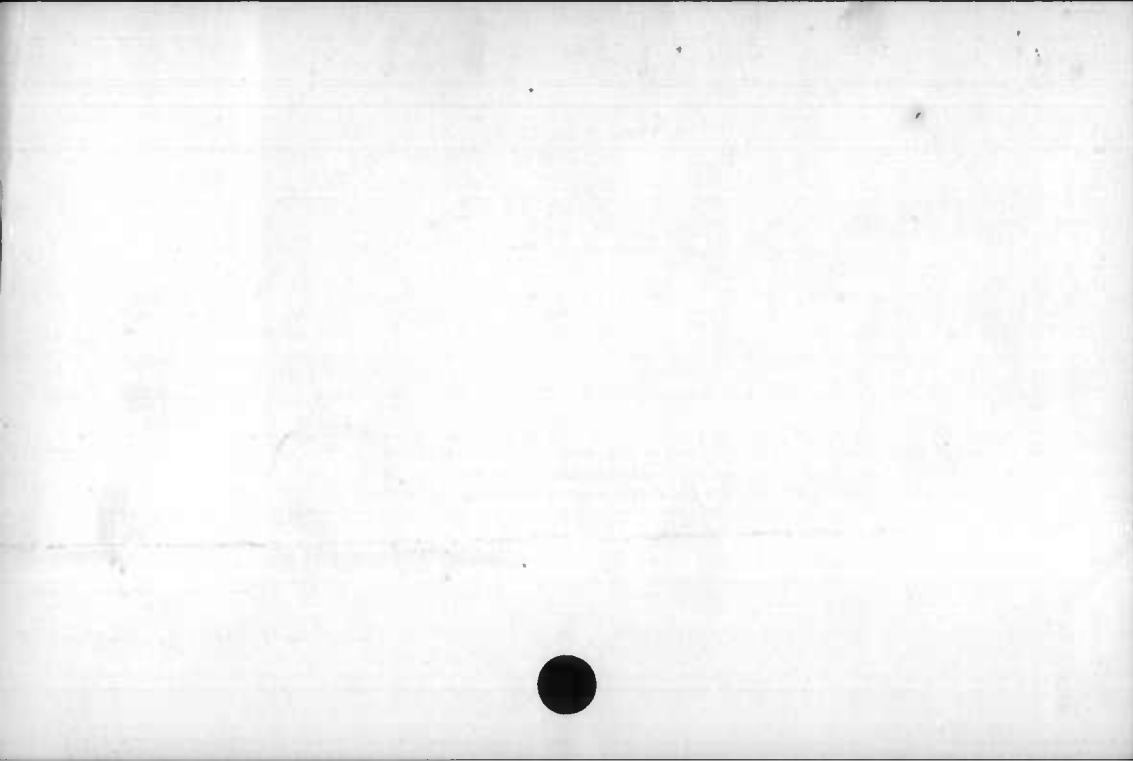
E. Rogers Myers

Address

Sturlock

Md

Accident or Suicide?



Name
in
Full

Deyour 77 Oliver Collins -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

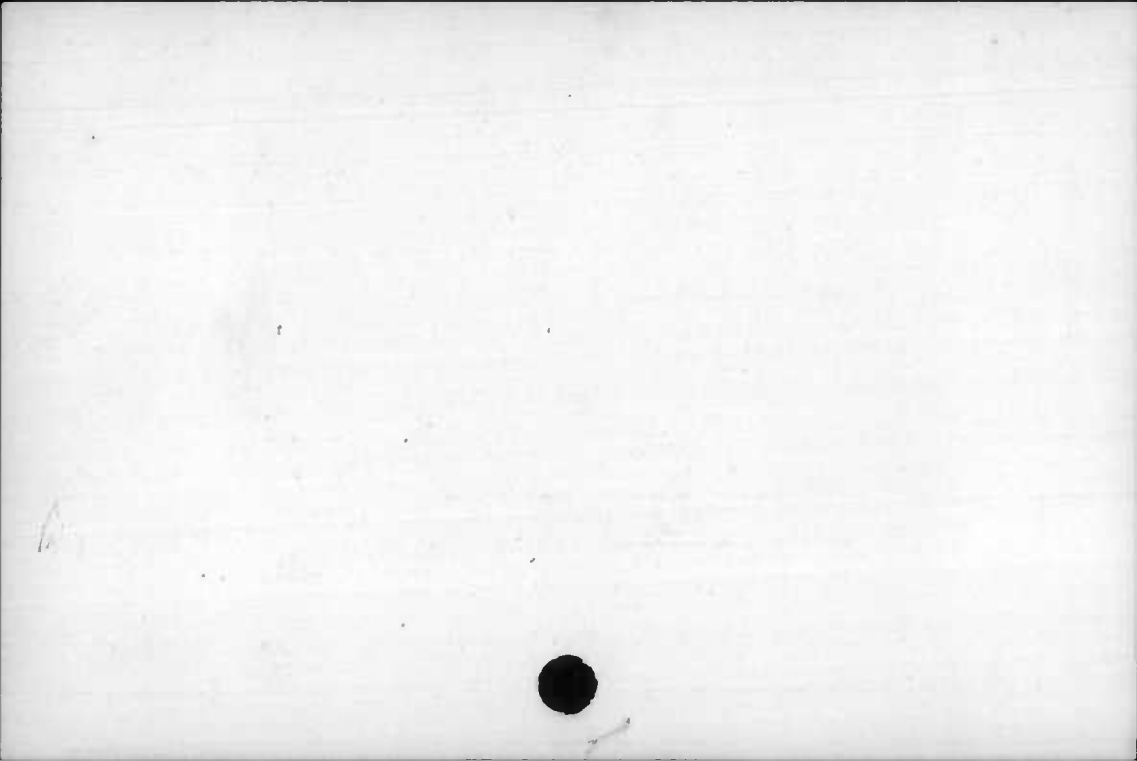
Died at		Town <u>Reisterstown</u>		County <u>Dorchester</u>		MARYLAND	
Date of death		1909	Month <u>Aug</u>	Day <u>25</u>	Age <u>-</u>	Months <u>-</u>	Days <u>12 hrs</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md</u>			
Occupation <u>Deyour</u>				Where Residing if not at place of death			
Married, Single or Widowed <u>-</u>				Name of Wife or Husband <u>-</u>			
Father's Name <u>Oliver Collins</u>				Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Oliver Oliphant</u>				Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Oliver Collins</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<u>Meningeal Hemorrhage</u>	How long <u>12 hrs</u>
Immediate	<u>Exhaustion</u>	How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. H. Blau</u>
		Address <u>Vienna Md</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Priscilla Connellie

Town

County

MARYLAND

Died at

Havre de Grace

Blancoche

Date

of death 1909

Month

Day

Years

Months

Days

Age

85-

Sex

Female

Color or
Race

White

Birth-
place

Talbot Co Md

Occupation

House wife

Where Residing if not
at place of death

Talbot Co Md

Married, Single
or Widowed

Widow

Name of Wife or
Husband

John T Connellie

Father's
Name

William Jenkins

Father's
Birthplace

Va

Mother's
Maiden Name

Capt R. J. F.

Mother's
Birthplace

Va

Name of person giving
Information

Dr. E. J. Ireland

How related
to deceased

Son in Law

CAUSES OF DEATH

106

Primary

General Senility

How long

1 year

Immediate

Diabetic Coma

How long

1 month

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Dr. J. M. Quinn
Talbot Co Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Burtran E. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Cambridge Town, Dorchester County, MARYLAND

Date of death 1909 Aug. 18 Age 2 Months 2 Days

Sex Male Color or Race White Birth-place Maryland

Occupation _____ Where Residing if not at place of death Cambridge

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name Marion F. Cook Father's Birthplace Maryland

Mother's Maiden Name Mattie Fisher Mother's Birthplace "

Name of person giving Information Marion F. Cook How related to deceased Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary Marsasmus How long 6 weeks

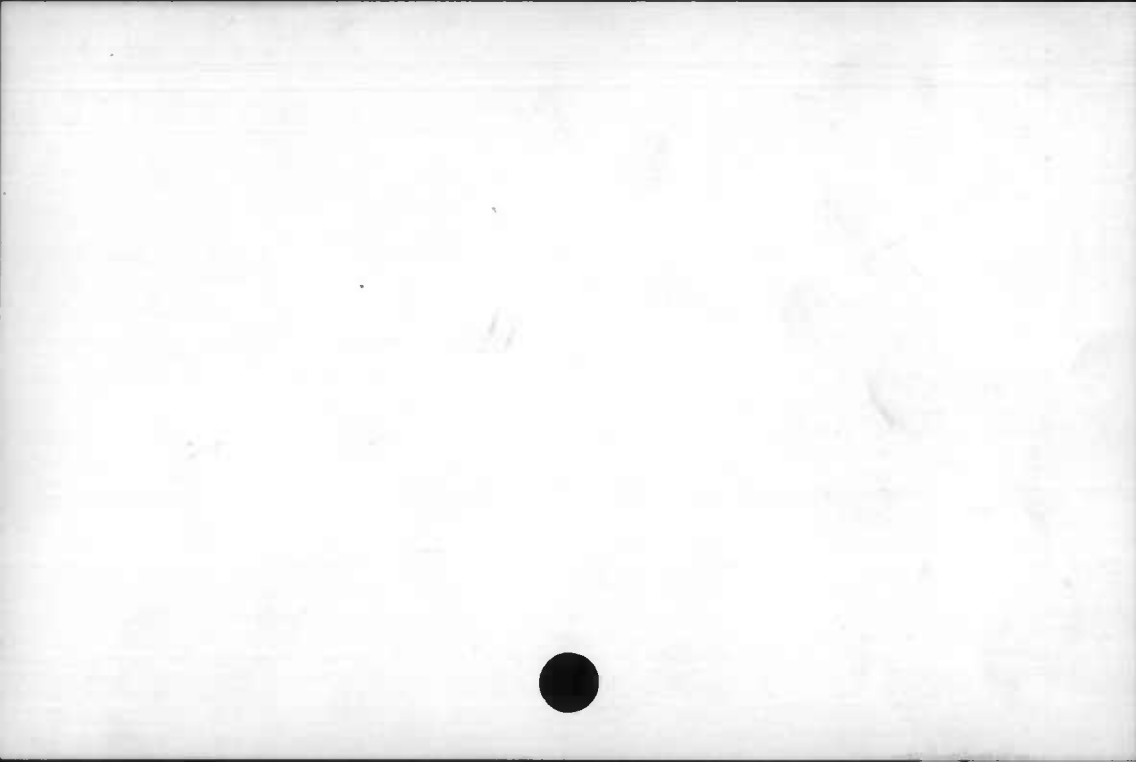
Immediate Heart Failure How long very short.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Wolff

Address Cambridge, Md.

Accident or Suicide Willis



Name
in
Full

Winnie Cornish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Aug.	25	1	3		
Sex	Male	Color or Race	Colored	Birth-place	Maryland		
Occupation	None			Where Residing if not at place of death	Cambridge		
Married, Single or Widowed	—			Name of Wife or Husband	—		
Father's Name	Allen Cornish			Father's Birthplace	Maryland		
Mother's Maiden Name	Lizzie Parker			Mother's Birthplace	—		
Name of person giving Information	Mariah Cornish			How related to deceased	Uncle		

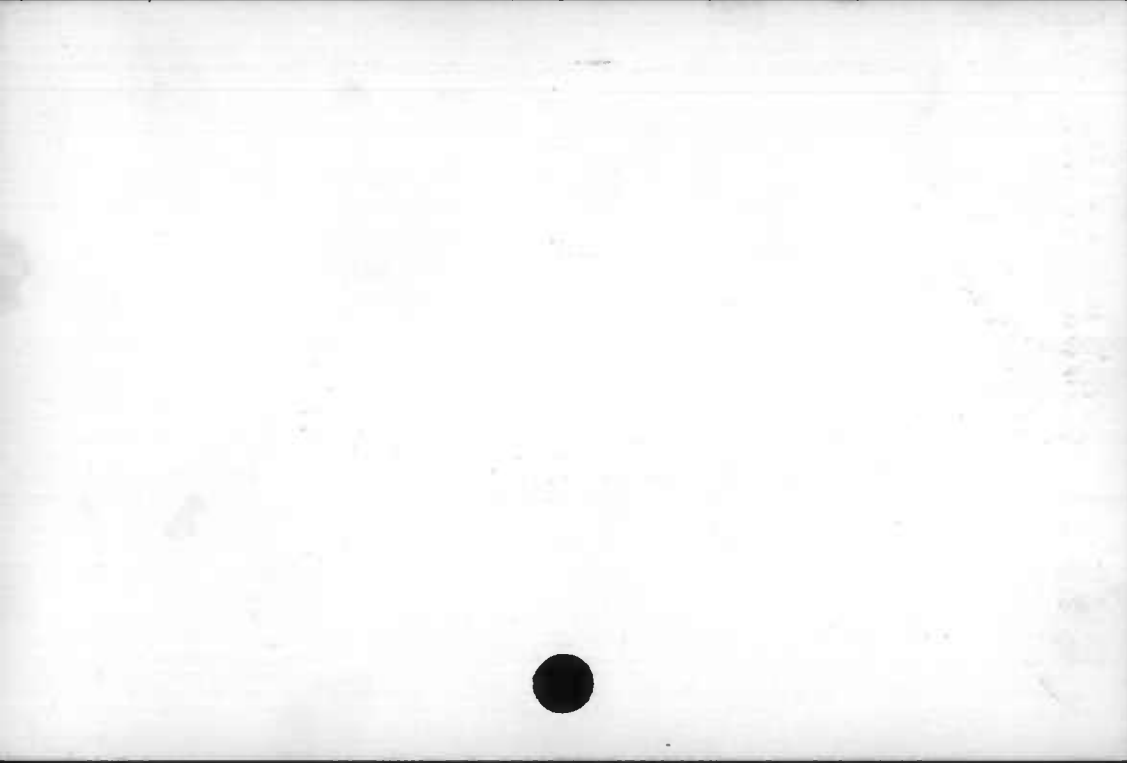
(Cholera infantum)

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Acute Milk Intoxication	How long	Can't say
Immediate	Heart Failure	How long	Very short
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Wolff City H. O.	
		Address	
		Cambridge, Md.	
Accident or Suicide			



Name
in
Full

Mary Brownell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Wm Church block Town Worcester County Worcester **MARYLAND**
Date of death 1909 Aug Month 22 Day — Age — Years — Months 1 Days 7
Sex Female Color or Race Black Birth-place Worcester Co
Occupation 2 Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —

Father's Name Emek Brownell Father's Birthplace Worcester Co.
Mother's Maiden Name Sarah Henry Mother's Birthplace Worcester Co
Name of person giving Information James Henry How related to deceased Uncle

CAUSES OF DEATH

101

X

Primary Lung Tumor How long 2 weeks
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

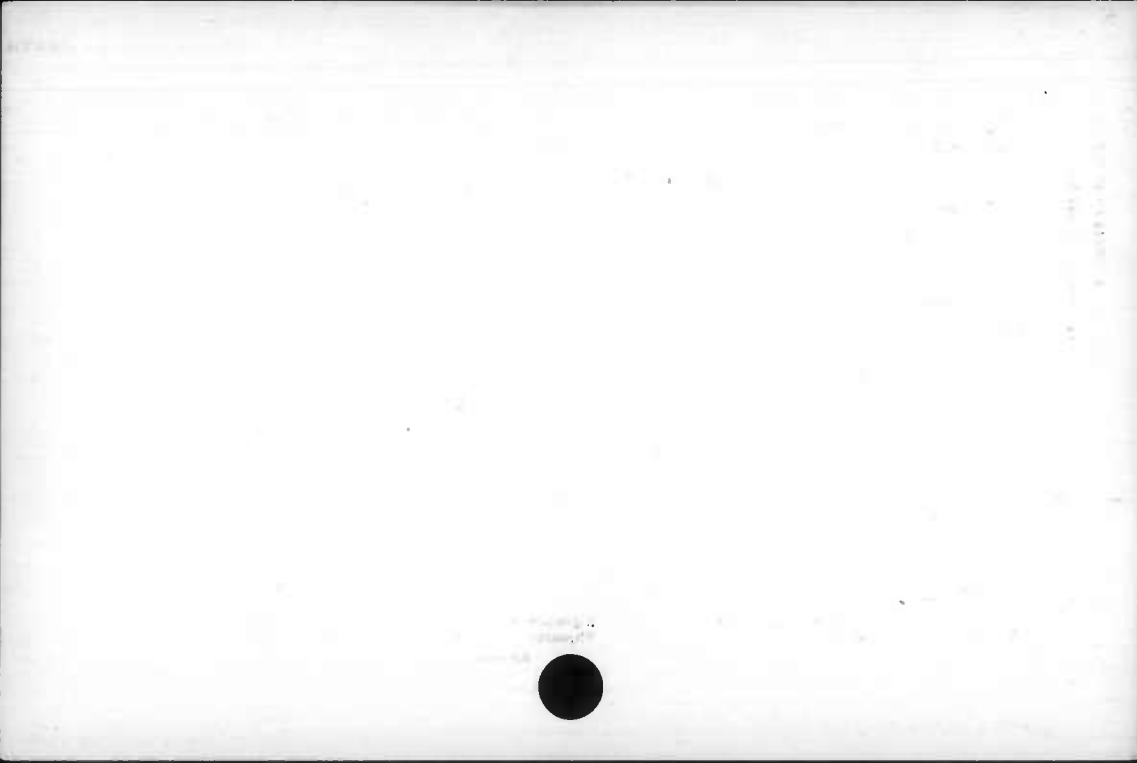
Signature of Physician

Address

W. Carroll
Lawrence St

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Robert J. Crowell

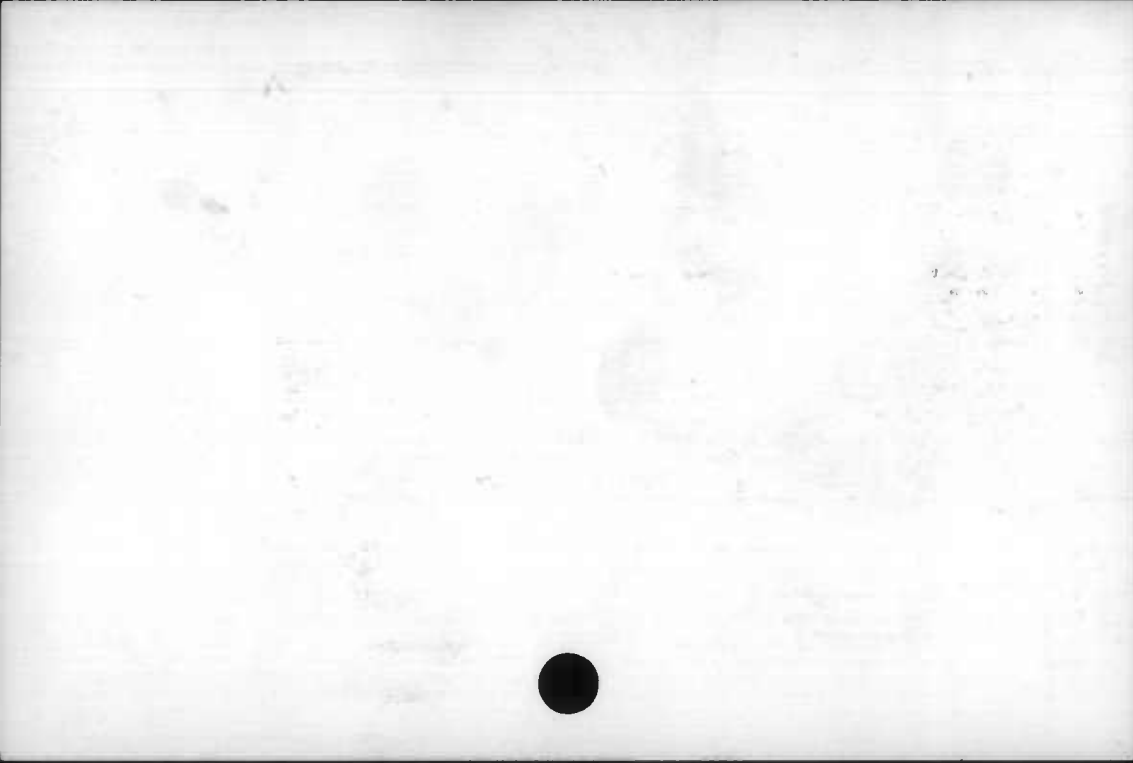
CERTIFICATE OF DEATH

Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Aug.	11	Age	65		
Sex	Female			Color or Race	White		
Birthplace	Philadelphia Pa.						
Occupation	Housewife			Where Residing if not at place of death Cambridge Md.			
Married, Single or Widowed	Married			Name of Wife or Husband J. H. Crowell			
Father's Name	Robert J. Crowell			Father's Birthplace Philadelphia Pa.			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information	J. H. Crowell			How related to deceased Husband			

CAUSES OF DEATH

64

Primary	Hemorrhage in the Perium		How long	Nearly nine weeks	
Immediate	Exhaustion		How long	Some days	
Are the name, age, sex, color, date and place correctly given above?			Yes		
Signature of Physician			B. W. Gola, M.D.		
Address			Cambridge Md.		
Accident or Suicide					



Name
in
Full

CERTIFICATE OF DEATH

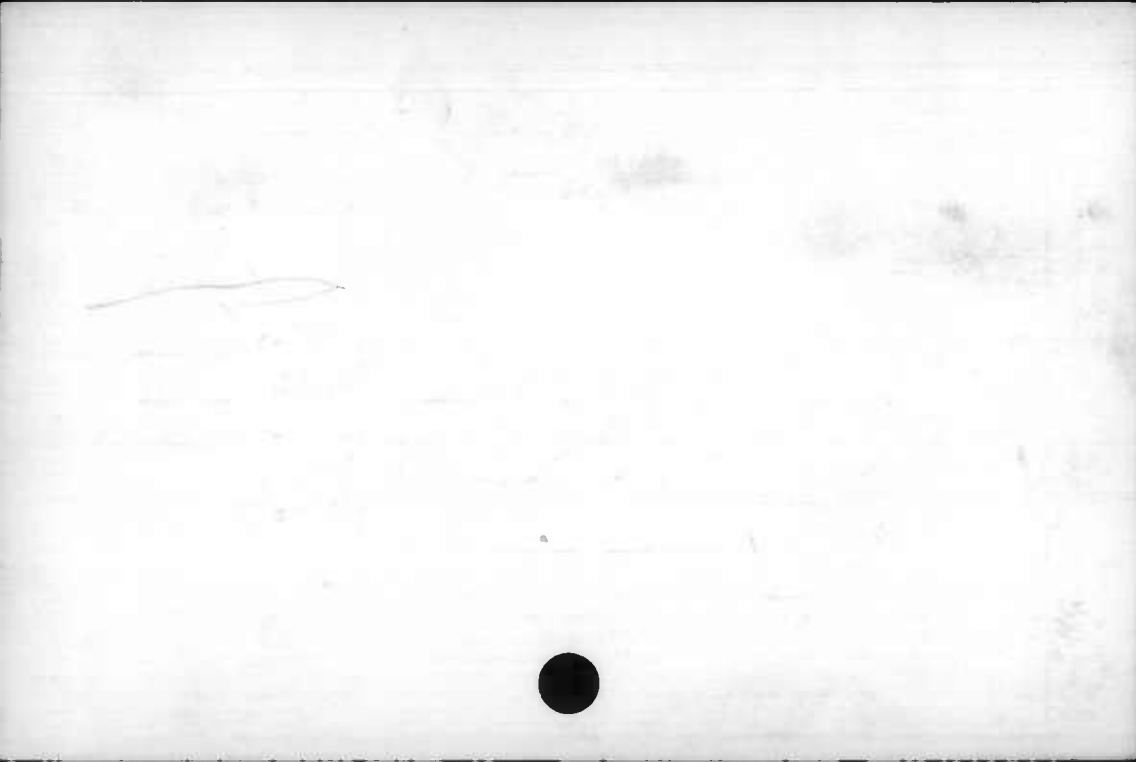
TO BE ANSWERED BY
NEAREST FRIEND

Name John Linnell Dusen		County Brockchester		MARYLAND	
Died at Cambridge		Town		County	
Date of death 1909 Aug 7		Month		Day	
Age 9		Years		Months	
Sex Male		Color or Race White		Birth- place Cambridge	
Occupation -		Where Residing if not at place of death //			
Married, Single or Widowed Single		Name of Wife or Husband -			
Father's Name William J. Dusen		Father's Birthplace Solomon Is.			
Mother's Maiden Name Nettie Blanch Dusen		Mother's Birthplace Cambridge			
Name of person giving Information		How related to deceased Parents			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Morassum	How long Can't say
Immediate Exhaustion	How long Shortly.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician E. E. Wolff Health Officer
	Address Cambridge, Md.
Accident or Suicide	



Name
in
Full

Ella Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

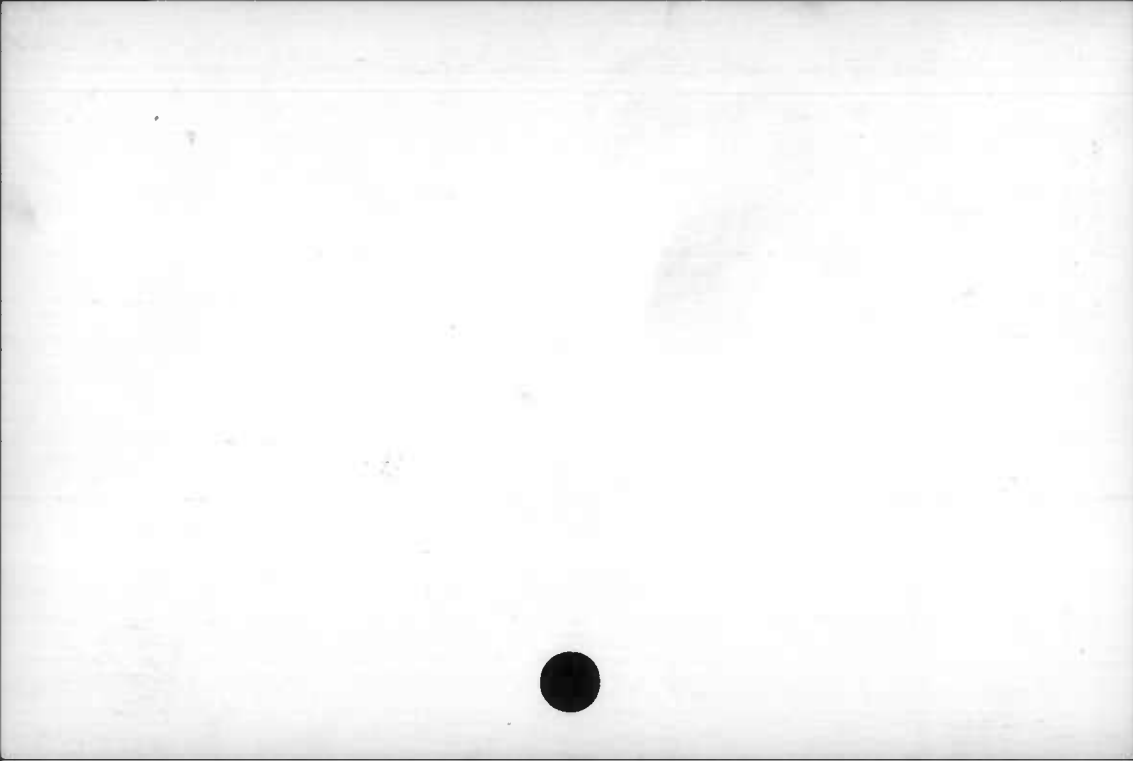
Died at <i>near Cambridge, Md.</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>aug.</i>	Day <i>18</i>	Age <i>—</i>	Months <i>4 5</i>	Days <i>1</i>		
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Dorchester Co.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Aluck Jackson</i>			Father's Birthplace <i>Delaware</i>				
Mother's Maiden Name <i>Annie Elizabeth Harris</i>			Mother's Birthplace <i>Dorchester Co</i>				
Name of person giving Information <i>John Harris</i>			How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>three weeks</i>
Immediate <i>Heart Failure</i>	How long <i>20 minute</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Arthur C. Carroll M.D.</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide	



Name
in
Full

Isaac E Henry,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

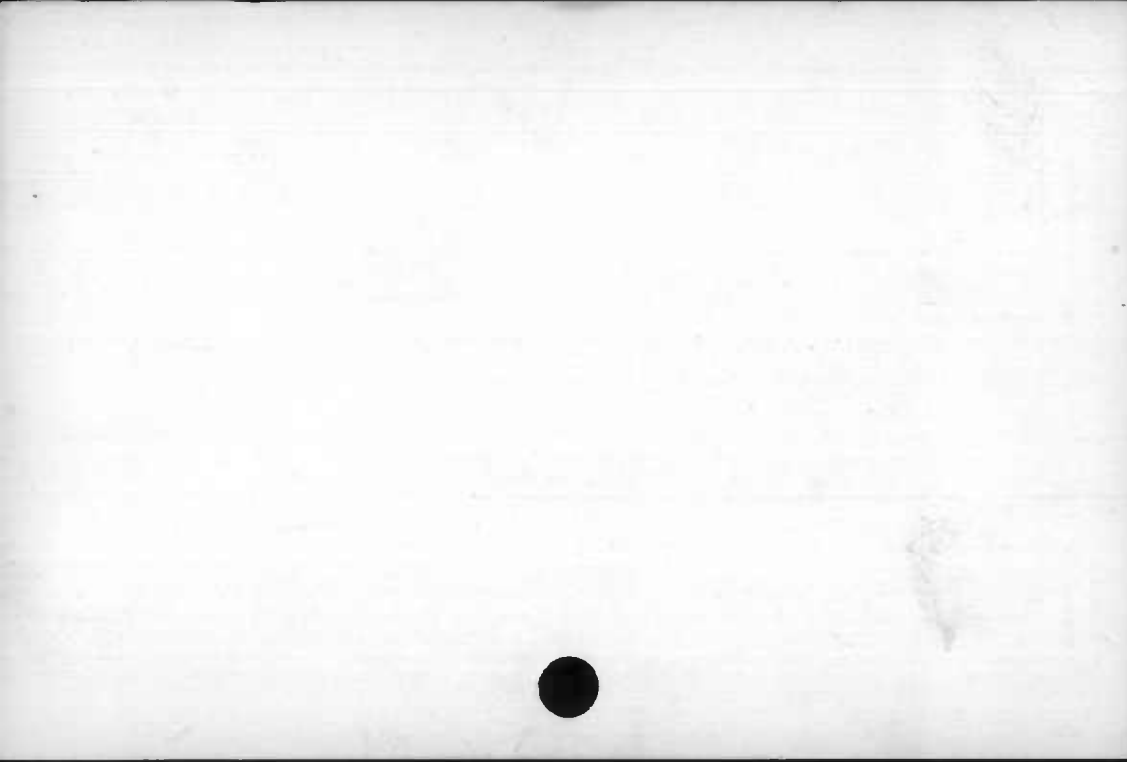
Died at		Town E. N. Market		County Dorchester		MARYLAND	
Date of death		Month 9	Day Aug.	Age 9	Years 17	Months 3	Days 18
Sex	Male	Color or Race	White		Birth-place	Dorchester	
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband None			
Father's Name	Wm Albert Henry.				Father's Birthplace	Md	
Mother's Maiden Name	Mary E. Henry.				Mother's Birthplace	"	
Name of person giving Information	W W McKinnis.				How related to deceased	None	

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	Let anus, from nail wound in foot		How long	5 days
Immediate	Coma, cardiac asthma		How long	16 hours
Are the name, age, sex, color, data and place correctly given above?		yes	Signature of Physician	Edward L. Jones
			Address	East New Market, Md
Accident or Suicide				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERName
in
Full
Joseph Henry

Town

Died at

Secretary

County

Dorchester

MARYLAND

Date

of death 190

9

Month

8

Day

29

Age

Years

76

Months

4

Days

25

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Soldier & Yeoman

Where Residing if not
at place of death

Secretary

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Mary Etta Henry

Father's
Name

Cyrus Henry

Father's
Birthplace

Md

Mother's
Maiden Name

Sallie (Bellance unknown)

Mother's
Birthplace

Md

Name of person giving
Information

Jefferson D Henry

How related
to deceased

Son

CAUSES OF DEATH

120

X

Primary

Old age - Bright disorder & motor degeneration

How long

10 years

Immediate

Uremic Coma & myocardial heart

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. W. Dockery

Address

Cool New Market
Md

Accident or Suicide

St. Paul

opened - 11



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth Hill
Wrights ^{Town} Borchester ^{County}

MARYLAND

Died at
Date of death 1909 Aug 18 Age 4 Months 20 Days
Sex Female Color or Race white Birth-place Wrights Ind
Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name James Hill Father's Birthplace Ind
Mother's Maiden Name Lydia Robbins Mother's Birthplace Ind
Name of person giving Information James Hill How related to deceased Father

CAUSES OF DEATH

105 X

Primary Cholera infantum How long 36 hrs
Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician S. A. Stokes
Address Cornersville Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full *Weldon Lee - First*

CERTIFICATE OF DEATH

MARYLAND

Died at *Secretary* Town *Dorchester* County
Date of death *1909* Month *8* Day *26* Age *0* Years *6* Months *13* Days

Sex *Male* Color or Race *White* Birth-place *Md*
Occupation *Infant* Where Residing if not at place of death *Secretary*

Married, Single or Widowed *Infant* Name of W.ifa or Husband *None*

Father's Name *Charles L. First* Father's Birthplace *Md*

Mother's Maiden Name *May Bradshaw* Mother's Birthplace *Md*

Name of person giving Information *Wm R. Harst* How related to deceased *Grandfather*

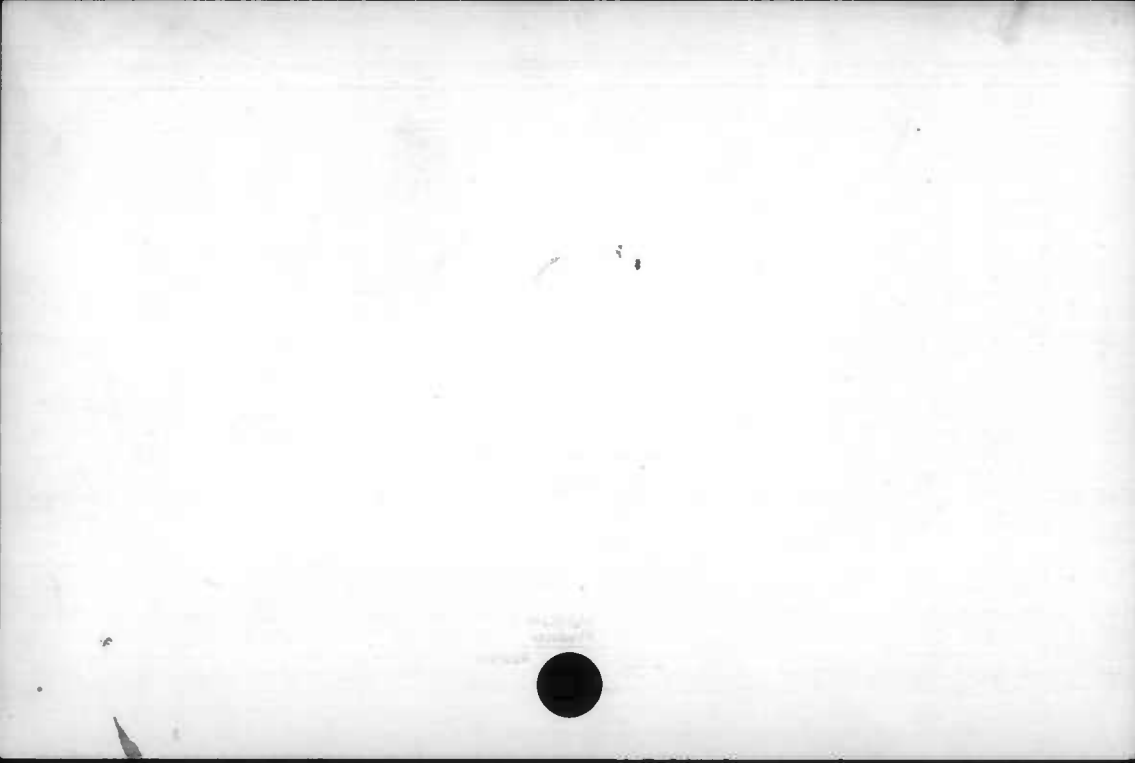
CAUSES OF DEATH

Primary *Cerebral Spinal Meningitis* How long *9 days*

Immediate *Bronche Pneumonia* How long *48 hours*

Are the name, age, sex, color, data and place correctly given above? *Yes* Signature of Physician *W. H. Fortough*
Address *East New Market*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Infant Holiday
Town *Petersburg*

County *Der*

MARYLAND

Died at

Date

of death 1909

Month

aug

Day

8

Age

Years

Months

3 weeks

Days

Sex

male

Color or
Race

Colord

Birth-
place

med

Occupation

—

Where Residing if not
at place of death.

“

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

unknown

Father's
Birthplace

unknown

Mother's
Maiden Name

Ellay Holliday

Mother's
Birthplace

med

Name of person giving
Information

George Holliday

How related
to deceased

grand father

CAUSES OF DEATH

Primary

unknown

179

How long

How long

Immediate

—

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

none in attendance

Address

*Robert F. Hastings
Local Registrar*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William M. Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

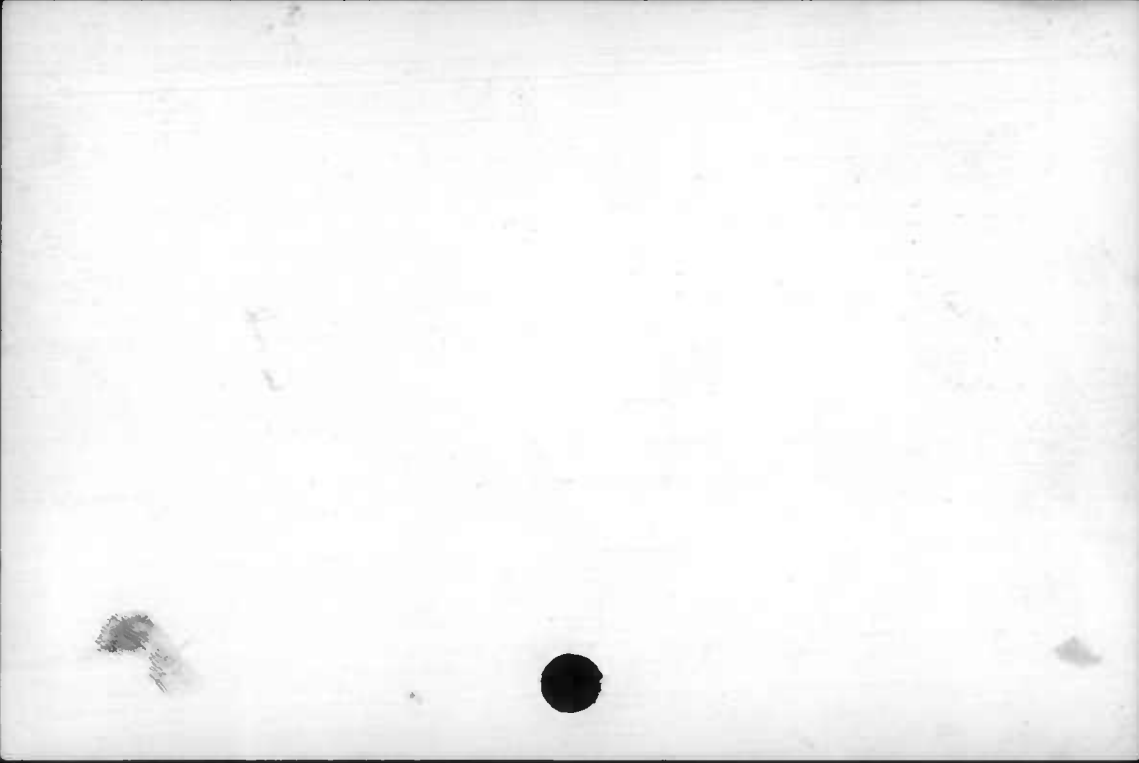
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	28	53			
Sex	Male	Color or Race	White		Birth-place	Maryland	
Occupation	Waterman		Where Residing if not at place of death				
Married, Single or Widowed		Married		Name of Wife or Husband			
				Elizabeth E. Hughes			
Father's Name	Barzilla Hughes				Father's Birthplace	Md	
Mother's Maiden Name	Susan Podd				Mother's Birthplace		
Name of person giving Information	W. M. Hughes				How related to deceased	Brother	

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Intestinal Tuberculosis		How long	5 years
Immediate	Gradual Effusion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Wm. Still		
Address		Cambridge Md.		
Accident or Suicide				



Name
in
Full

Iona Jackson

CERTIFICATE OF DEATH

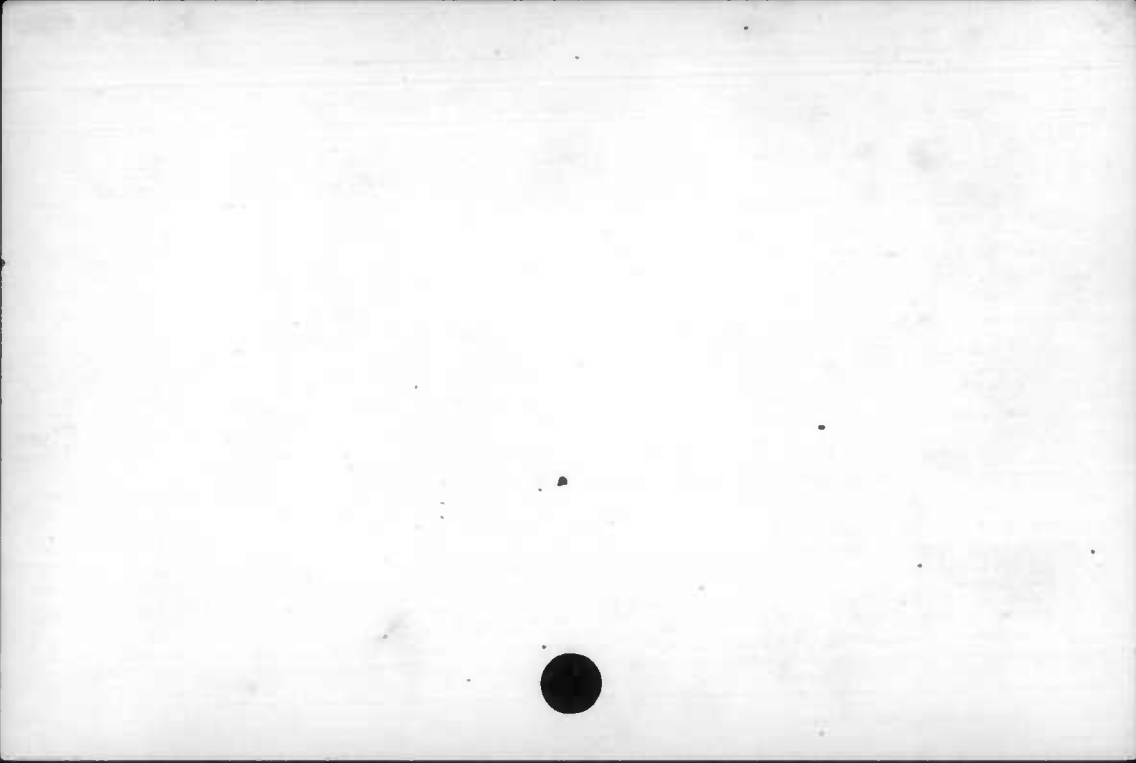
Died at <u>Cambridge</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1909</u> <small>Month</small> <u>Aug.</u> <small>Day</small> <u>8</u>		Age <u>1</u> <small>Years</small>		<u>18</u> <small>Months</small> <u>18</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>colored</u>		Birth-place <u>Maryland</u>	
Occupation <u> </u>		Where Residing if not at place of death <u>Cambridge</u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Robert Jackson</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Henrietta Stanley</u>		Mother's Birthplace <u> </u>			
Name of person giving Information <u>Henrietta Jackson</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

175

Primary <u>Cholera Infantum</u>	How long <u>1 week.</u>
Immediate <u>Opium poisoning from Teething Symp.</u>	How long <u>10 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. E. Wolff</u>
	Address <u>Cambridge, Md</u>
Accident or Suicide <u> </u>	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Samuel Johnson* Town *East New Market* County *Dorchester* MARYLAND

Died at *East New Market* Month *8* Day *26* Year *1909* Age *65* Month Days

Date of death *1909* *8* *26* Age *65*

Sex *Male* Color or Race *Colored* Birthplace *Dorchester*

Occupation *Laborer* Where Residing if not at place of death

~~Married, Single~~ or Widowed Name of Wife or Husband

Father's Name *Don't know* Father's Birthplace

Mother's Maiden Name *Don't know* Mother's Birthplace

Name of person giving Information *Blues Young* How related to deceased *Son Law*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

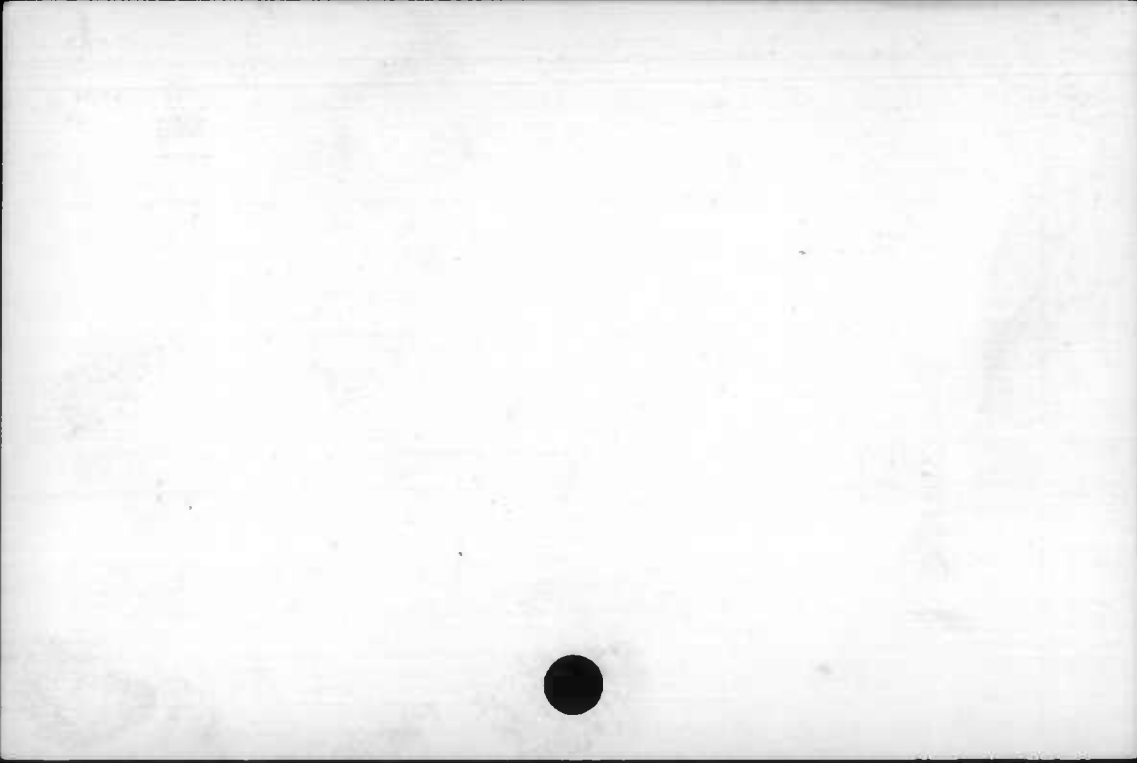
Primary *Chronic Dysentery* How long *14* *Five weeks*

Immediate *Heart Failure* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. F. Nicols, M.D.* Address *E. New Market Md.*

~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

Reginald C. Jones

Madison

Berkeley

MARYLAND

Died at

Date of death 1909 August 9

Age 3

Months 10

Days

Sex Male

Color or Race White

Birth-place Madison Md.

Occupation None

Where Residing if not at place of death

Married, Single or Widowed Child.

Name of Wife or Husband

Father's Name Birdie C. Jones

Father's Birthplace Dr. Co. Md

Mother's Maiden Name Addie Fegor

Mother's Birthplace Dr. Co. Md

Name of person giving Information Birdie C. Jones

How related to deceased Father

CAUSES OF DEATH

Primary Typhoid fever

How long About 16 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

B. L. Smith M.D.

Address

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Annie Lankford

CERTIFICATE OF DEATH

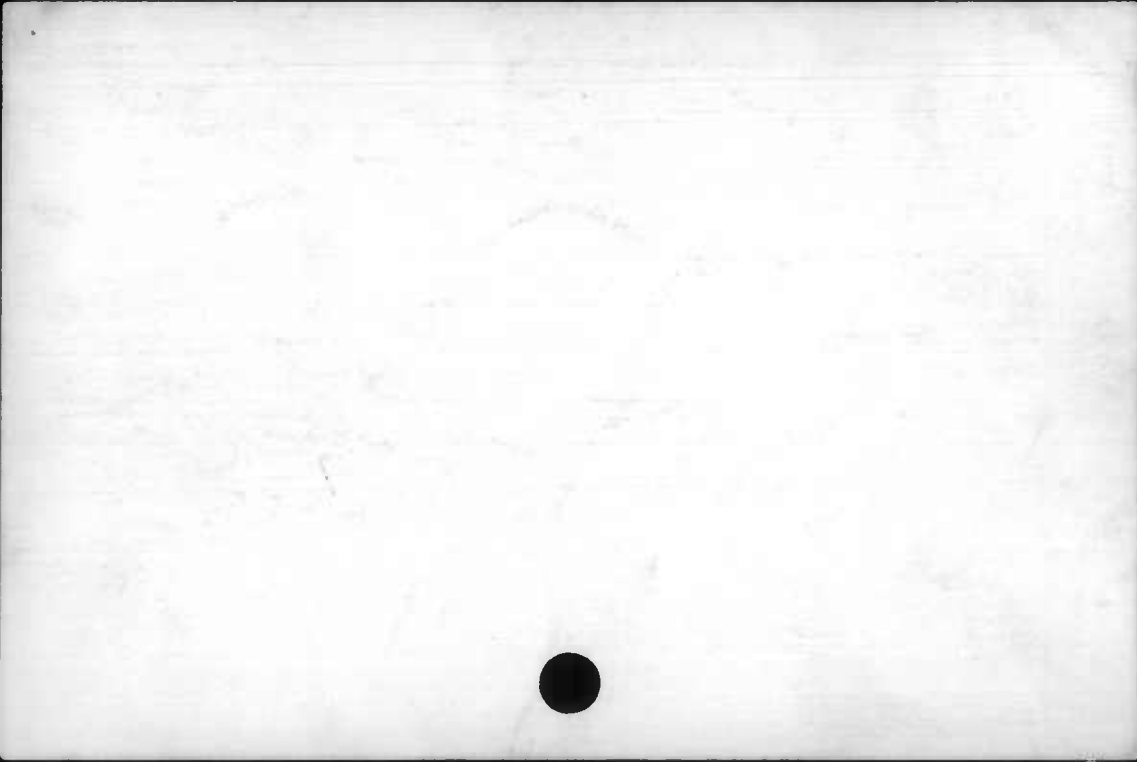
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1909	Month	Aug.	Day	23
Age	1	Years		Months	3
Sex	<i>female</i>	Color or Race	<i>colored</i>	Birth-place	<i>Cambridge</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>Henry Lankford</i>			Father's Birthplace	<i>Somerset Co.</i>
Mother's Maiden Name	<i>Lizzie Camper</i>			Mother's Birthplace	<i>High Point N.C.</i>
Name of person giving Information	<i>Henry Lankford</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gas tie Enteritis</i>	How long	<i>Several weeks</i>
Immediate	<i>Bothermia</i>	How long	<i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H P Reynolds M.D.</i>
		Address	<i>Cambridge N.C.</i>
Accident or Suicide	<i>L+H</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Mc Elvaine* Town *Cambridge* County *Dorchester* MARYLAND
Died at *Cambridge*
Date of death 1909 Aug 4 Age 69 Months _____ Days _____
Sex *Male* Color or Race *White* Birth-place *Buxleyvaia*
Occupation *Teacher* Where Residing if not at place of death *Cambridge Md*
Married, Single or Widowed *Widower* Name of Wife or Husband *Sarah H. Mc Elvaine*
Father's Name *Abraham Mc Elvaine* Father's Birthplace *Ohio*
Mother's Maiden Name *Ernie Melvany* Mother's Birthplace *"*
Name of person giving Information *Edith Moelling* How related to deceased *Friend*

CAUSES OF DEATH

Primary *Arterio - Sclerosis* How long *Some months*
Immediate *Convulsions* How long *Some hours*

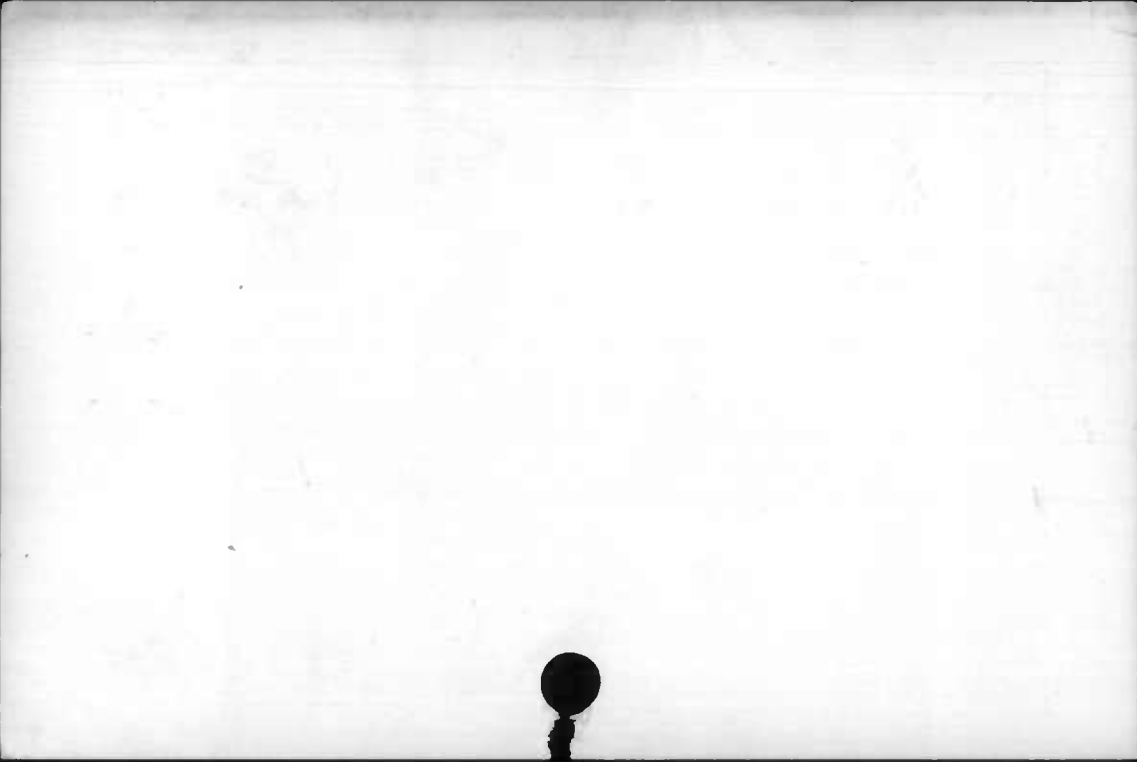
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James H. Marine

Died at *Salisbury* Town *Dorchester* County MARYLAND

Date of death 1909 Aug 23- Age 3- Months 2 Days 18

Sex *Male* Color or Race *White* Birth-place *Dorchester*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Geo Marine* Father's Birthplace *Dorchester*

Mother's Maiden Name *Margaret Holder* Mother's Birthplace *Dorchester*

Name of person giving Information *Geo Marine* How related to deceased *Father*

CAUSES OF DEATH

How long

Primary

Immediate

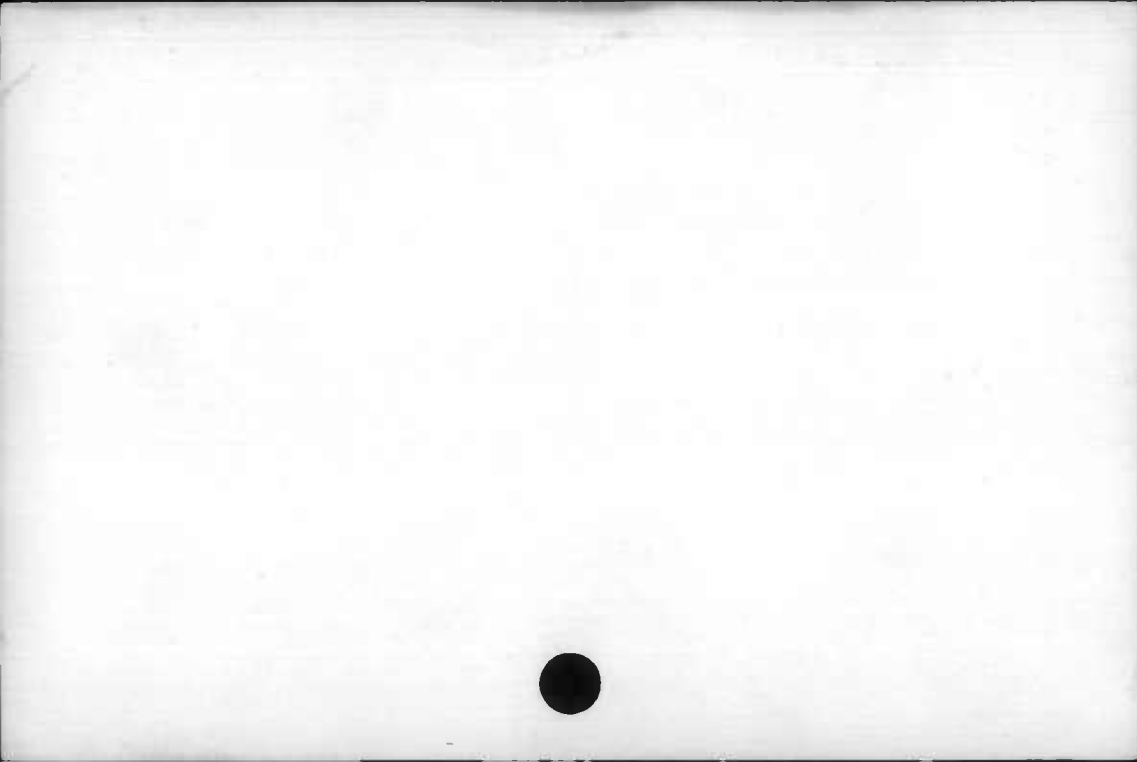
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in Full

Helen Moore

CERTIFICATE OF DEATH

Died at Lloyds Branchester MARYLAND
 Date of death 1909 Aug 4 8 8
 Sex Female Color or Race white Birth-place Lloyds Md
 Occupation Infant Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband none
 Father's Name Randolph Moore Father's Birthplace Md
 Mother's Maiden Name Sadie Spedden Mother's Birthplace Md
 Name of person giving Information H. H. Meathley How related to deceased none

By fall on foot CAUSES OF DEATH (18)
 Primary Erysipelas involved foot & leg How long 2 weeks
 Immediate Broncho-pneumonia How long 4 days
 Are the name, age, sex, color, data and place correctly given above? yes Signature of Physician S. A. Stokes
 Address Barnesville Md

Accident or Suicidal

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mildred E Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

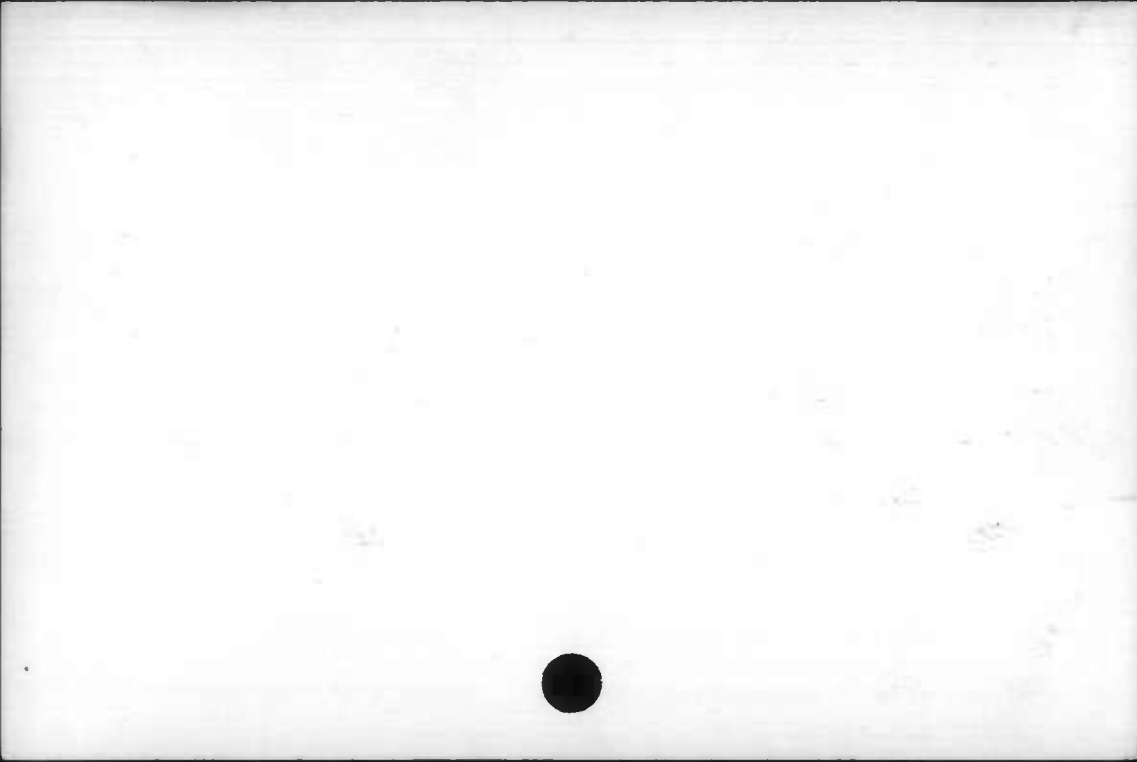
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester Co</u> ^{County}		MARYLAND	
Date of death	1909	Month	Aug	Day	15
Age	<u>11</u> Years		<u>5</u> Months		<u>3</u> Days
Sex	<u>Female</u>		Color or Race	<u>White</u>	
Occupation	<u>Baby</u>		Birth place	<u>Cambridge</u>	
Where Residing if not at place of death			<u>Cambridge</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband	<u></u>	
Father's Name	<u>Wm S Moore</u>			Father's Birthplace	<u>Lakesville</u>
Mother's Maiden Name	<u>Laura Miller</u>			Mother's Birthplace	<u>Lakesville</u>
Name of person giving Information	<u>Wm S Moore</u>			How related to deceased	<u>Lakesville</u>

CAUSES OF DEATH

105 X

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>7 days</u>
Immediate	<u>Acute Nephritis</u>	How long	<u>Several days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>E. E. Walcott</u>	
		Address	
		<u>Cambridge, Md</u>	
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

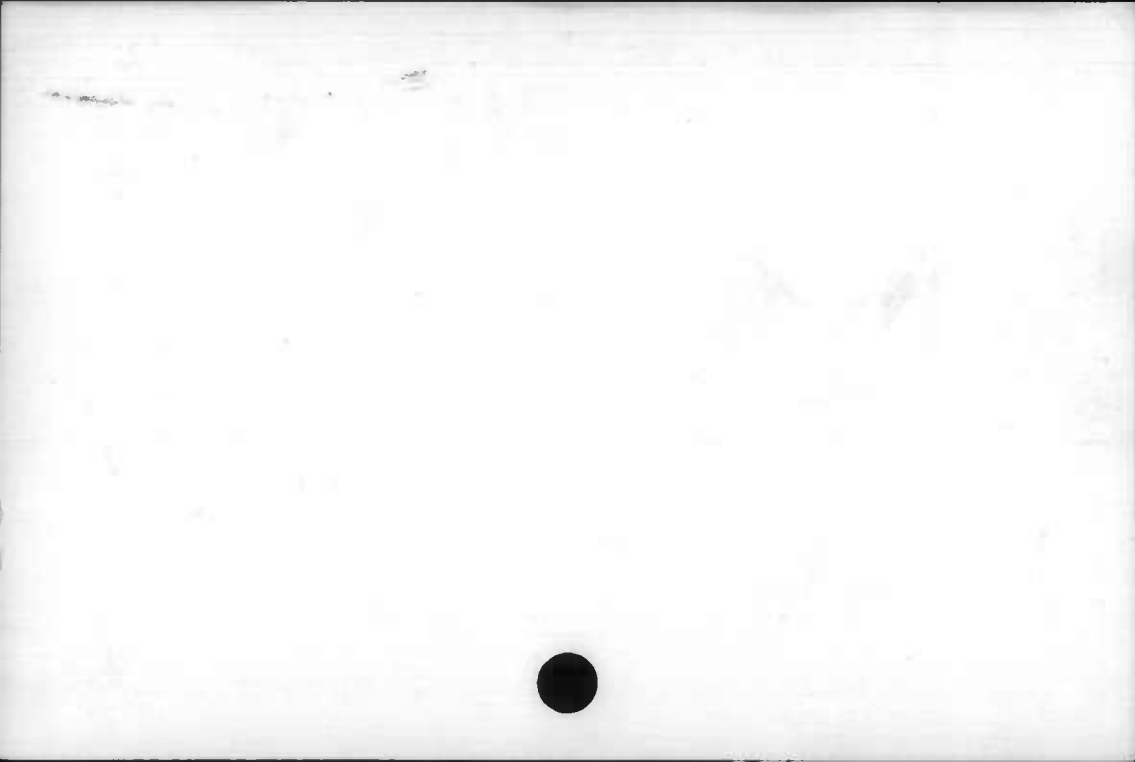
James F Palmer		Cambridge		Dorchester Co		MARYLAND	
Died at		Town		County			
Date of death		1909 Aug 5		Age 69		Months Days	
Sex male		Color or Race White		Birth-place Taylors Island			
Occupation Labor		Where Residing if not at place of death Cambridge					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name James Palmer		Father's Birthplace Don't Know					
Mother's Maiden Name Don't Know		Mother's Birthplace "					
Name of person giving Information Elizabeth Brooks		How related to deceased Niece					

CAUSES OF DEATH

(44) X

PHYSICIAN
OR CORONER

Primary	Cancer of face	How long	Don't know
Immediate	Don't know	How long	Don't know
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John Green	
		Address Cambridge Md	
Accident or Suicide			



Name

in
Full

CERTIFICATE OF DEATH

Thomas Howard Payne

Town

County

Died at

*Elderada**Dorchester*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909

*Aug**24*

Age

40

Sex

*male*Color or
Race*white*Birth-
place*Dorchester Co*Married, Single
or Widowed*Married*

Occupation

*Farmer*Name of Wife or
Husband*Annie E Payne*Father's
Name*Edward H Payne*Father's
Birthplace*Dorchester Co*Mother's
Maiden Name*Sarah E. Mow*Mother's
Birthplace*Dorchester*Name of person giving
In formation*Edward H Payne*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Tuberculosis Pulmonary

How long

27

Immediate

Hemorrhage

How long

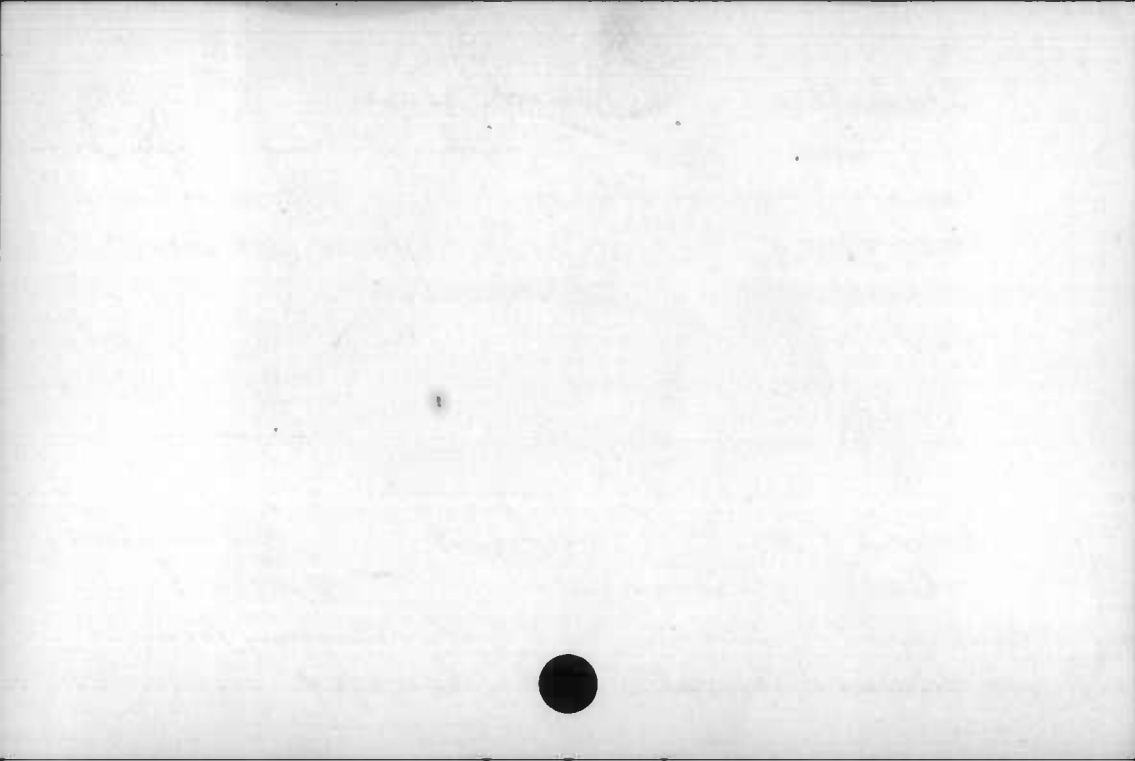
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*E. C. Fanning*

Address

Harlock

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ogley Cranston Robinson

Died at *Toddville* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death *1909 Aug* ^{Month} *24* ^{Day} Age *13* ^{Years} *1* ^{Months} *13* ^{Days}

Sex *Male* Color or Race *White* Birth-place *Toddville, Md.*

Occupation *Schoolboy* Where Residing if not at place of death *Lived at home*

Married, Single or Widowed *Single* Name of Wife or Husband *Not married*

Father's Name *Wm J. L. Robinson* Father's Birthplace *Toddville, Md.*

Mother's Maiden Name *Laura C. Insley* Mother's Birthplace *Toddville, Md.*

Name of person giving Information *W. J. L. Robinson* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Otitis Media, Purulent* *6 months*

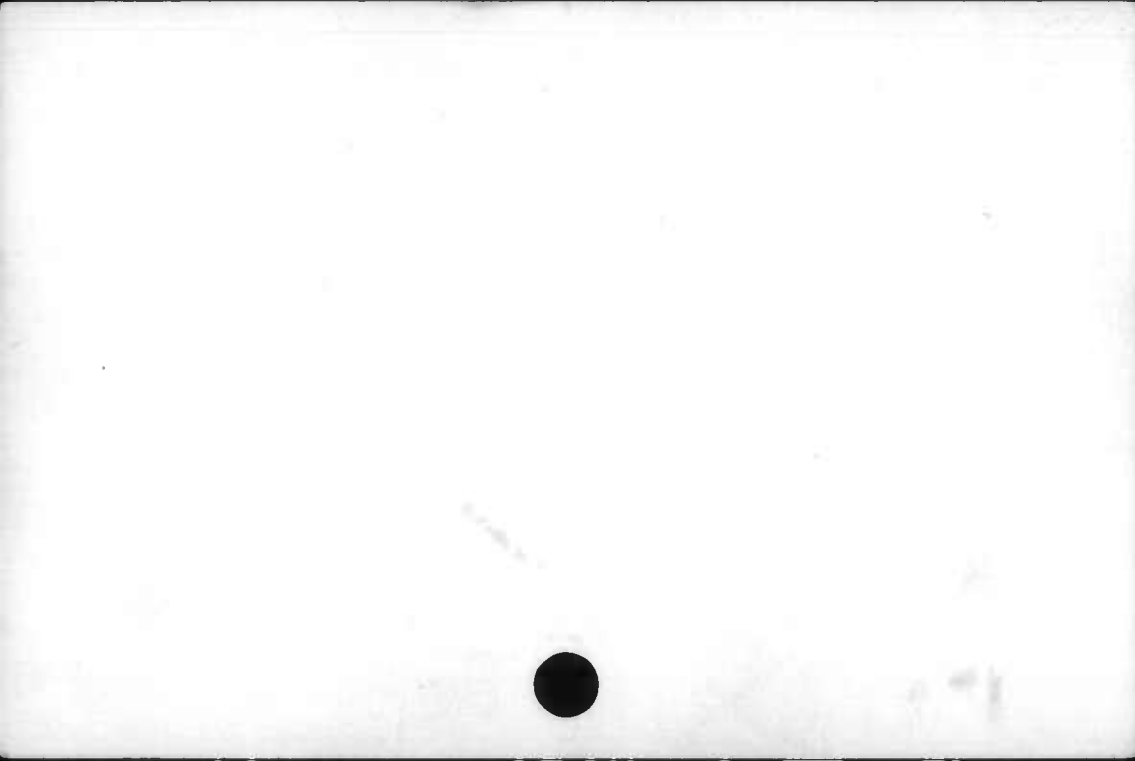
Immediate *Cerebral Abscess* *10 days?*

Are the name, age, sex, color, data and place correctly given above? *Yes.* Signature of Physician *J. M. White, M.D.*

so far as I know Address *Crapsco.*

Accident or Suicide *Dorchester Co Md*

76



Name
in
Full

Mary E Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

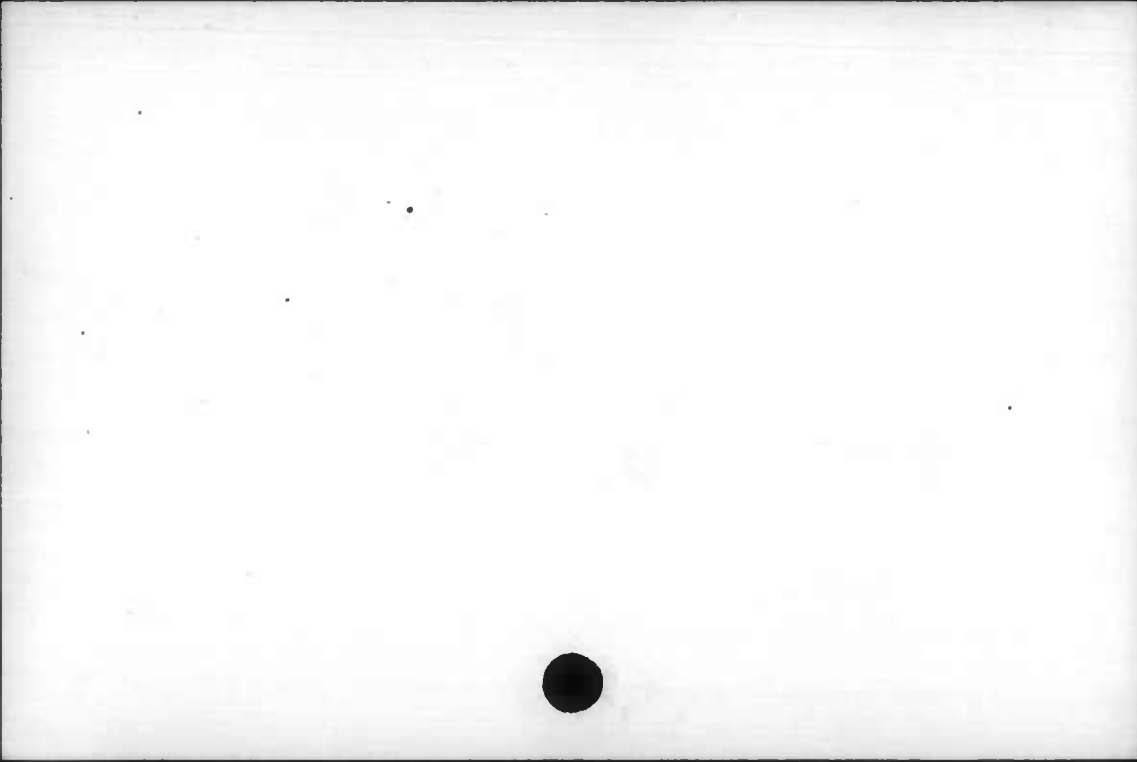
Died at <u>Cambridge</u> ^{Town}		<u>Dorchester</u> ^{County}		MARYLAND	
Date of death	1909	Month	Aug	Day	18
Age	1	Years		Months	5
Sex	Female	Color or Race	White	Birth-place	Cambridge
Occupation	Baby	Where Residing if not at place of death		Cambridge	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Ottie Ruark			Father's Birthplace	Lakesville
Mother's Maiden Name	Oasy D Phillips			Mother's Birthplace	
Name of person giving Information	Ottie Ruark			How related to deceased	Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enter - Colitis	How long	Some months
Immediate	E. Laushten	How long	Some days -
Are the name, age, sex, color, data and place correctly given above?	Yes	Signature of Physician	Don Goldsborough
Accident or Suicide	L & H	Address	Cambridge Md



Name
in
Full

Infant Saunders

Over one yr late

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Woolford</i>		County <i>Dorchester</i>		MARYLAND	
Date of death		Month <i>10</i>	Day <i>18</i>	Age <i>0</i>	Years <i>0</i>	Months <i>3</i>	Days <i>0</i>
Sex <i>Female</i>		Color or Race <i>Black</i>		Birthplace <i>Md.</i>			
Occupation				Where Residing If not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John W. Saunders</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Mary Brown</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information				How related to deceased			

104

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Suppose it was Illia Colitis</i>		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>R. L. Lenthicum</i>
			Address <i>Church Creek Md.</i>
Accident or Suicide?			



Name
in
Full

Petr Schemanski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County

MARYLAND

Date of death 1909 Aug. 11 Day Age 1 Months 14 Days

Sex Male Color or Race W.S.A. W. Birth-place Balls, Ind

Occupation Infant Where Residing if not at place of death -

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Anton Schemanski Father's Birthplace Germany

Mother's Maiden Name Lizzie Liss Mother's Birthplace Germany

Name of person giving Information Anton Schemanski How related to deceased Father

CAUSES OF DEATH

105

X

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long From history 3 or 4 weeks

Immediate Ephraim How long Short

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician E. E. Wolff Address Cambridge, Ind.

Accident or Suicide



Name
in
Full

Wm James Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

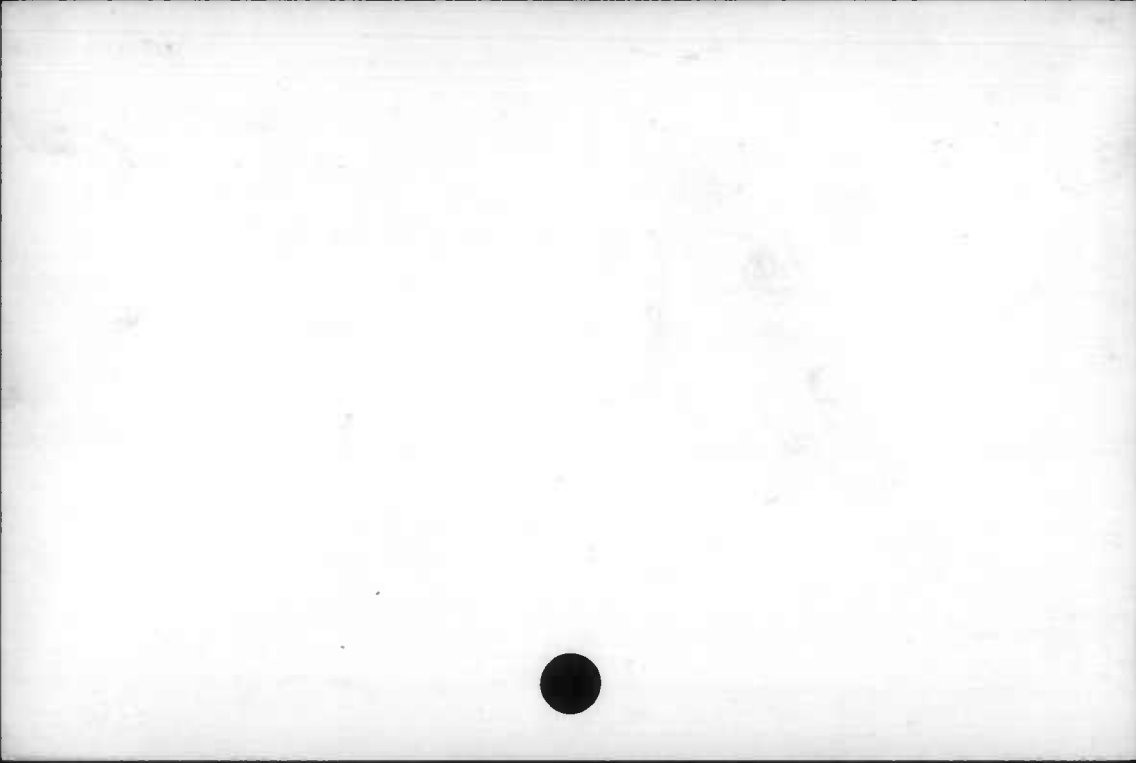
Died at <u>Leominster</u> Town		County <u>Dorchester</u>		MARYLAND	
Date of death	190 <u>9</u> Month <u>Aug</u> Day <u>29</u>	Age	Years	Months <u>8</u>	Days <u>8</u>
Sex	<u>Male</u>	Color or Race	<u>colored</u>	Birth-place	<u>Maryland</u>
Occupation	_____		Where Residing if not at place of death <u>Leominster</u>		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	<u>Richard Sharp</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Mary Roberts</u>		Mother's Birthplace	_____	
Name of person giving Information	<u>Richard Sharp</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>2 weeks</u>
Immediate	<u>Toxemia</u>	How long	<u>short</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. E. Wolff</u>
		Address	<u>Cambridge, Ind.</u>
Accident or Suicide <input type="checkbox"/>			



Name
in
Full

Gattie N. Shorter

CERTIFICATE OF DEATH

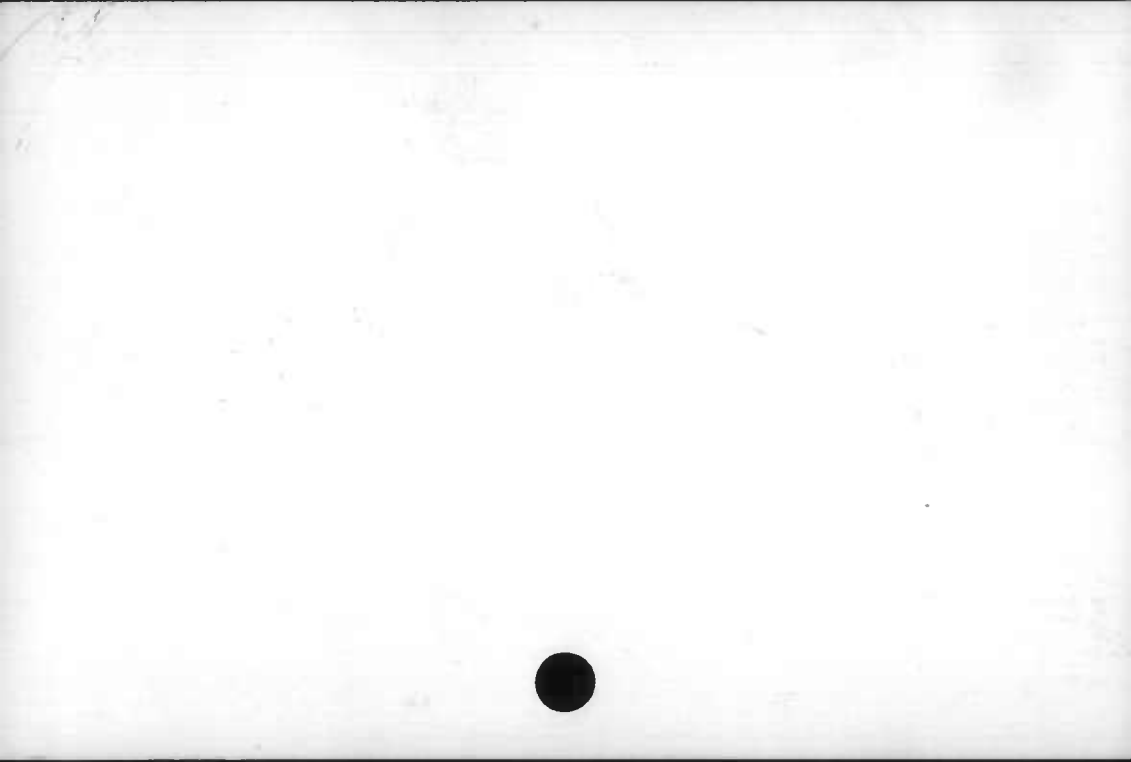
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Salisbury		County Dorchester		MARYLAND	
Date of death		Month 1909 August	Day 6 th	Years Age 57	Months	Days	
Sex Female		Color or Race Colored		Birth-place Dorchester Co.			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Rabert Shorter					
Father's Name Don't Know				Father's Birthplace Lynchburg			
Mother's Maiden Name Barbara Womack				Mother's Birthplace Dorchester Co.			
Name of person giving information S. B. Chase				How related to deceased Not at all			

CAUSES OF DEATH

Primary	Typhoid fever	How long	6 weeks
Immediate	Gradual exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. J. Smith	
		Address Cambridge Md.	
Accident or Suicide			

PHYSICIAN
OR CORONER



Name
in
Full

Wm. H. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

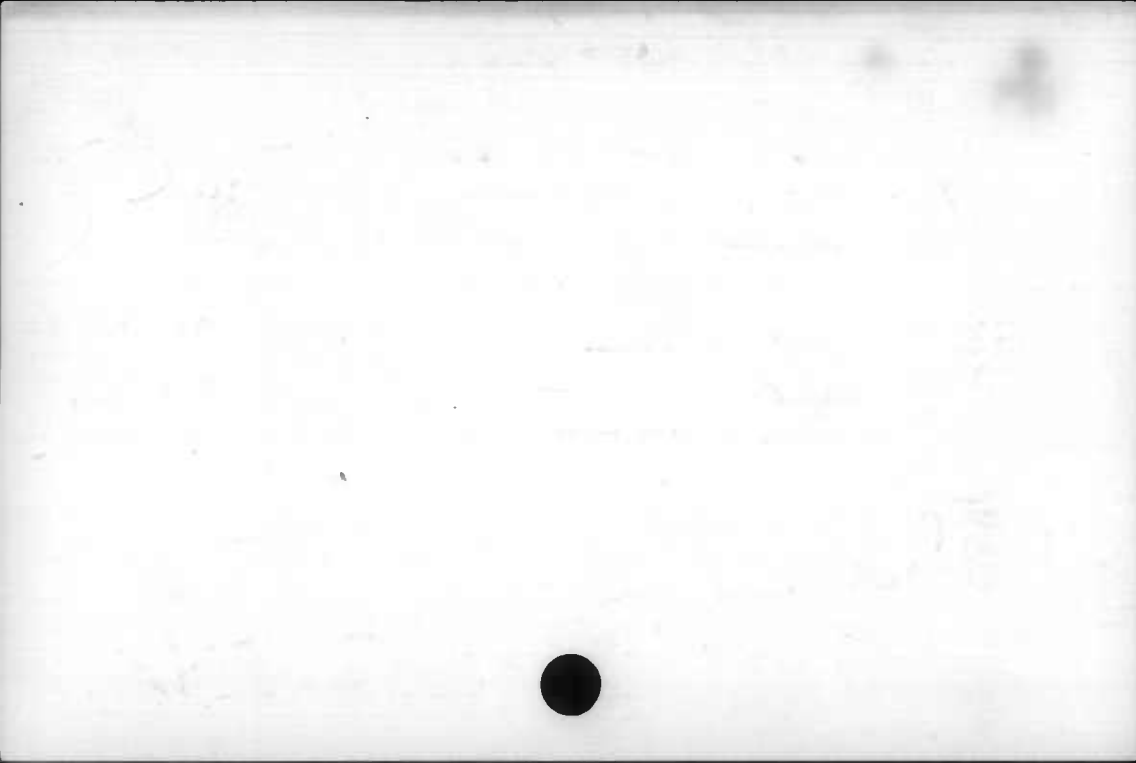
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		Aug	22	Age	49		
Sex	Male	Color or Race	White	Birth-place	Yed		
Occupation	Housework			Where Residing if not at place of death	Hoop's Island		
Married, Single or Widowed	Married		Name of Wife or Husband	Wm. H. Simmons			
Father's Name	John / Emma			Father's Birthplace	Yed		
Mother's Maiden Name	John / Emma			Mother's Birthplace	Yed		
Name of person giving Information	Wm. H. Simmons			How related to deceased	Husband		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright	How long	24 hrs
Immediate	Abnormal	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Mac	
Accident or Suicide		Address	
I + H		Cambridge Md	



Name
in Full

Edith C. Stephens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Madison</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1909	Month	Aug-	Day	4	Age	35
Sex	Female		Color or Race	White		Birth-place	Glasgow, Scotland
Occupation	None		Where Residing if not at place of death		Res. Balt. Md.		
Married, Single or Widowed	Single		Name of Wife or Husband		—		
Father's Name	Henry H. Stephens				Father's Birthplace	Scotland	
Mother's Maiden Name	Williamina G. Fleming				Mother's Birthplace	Scotland	
Name of person giving Information	Vera Stephens				How related to deceased	Sister	

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>about 2 weeks</i>
Immediate	<i>Cerebral Complications</i>	How long	<i>4 days</i>

Are the name, age, sex, color, date and place correctly given above?

yes

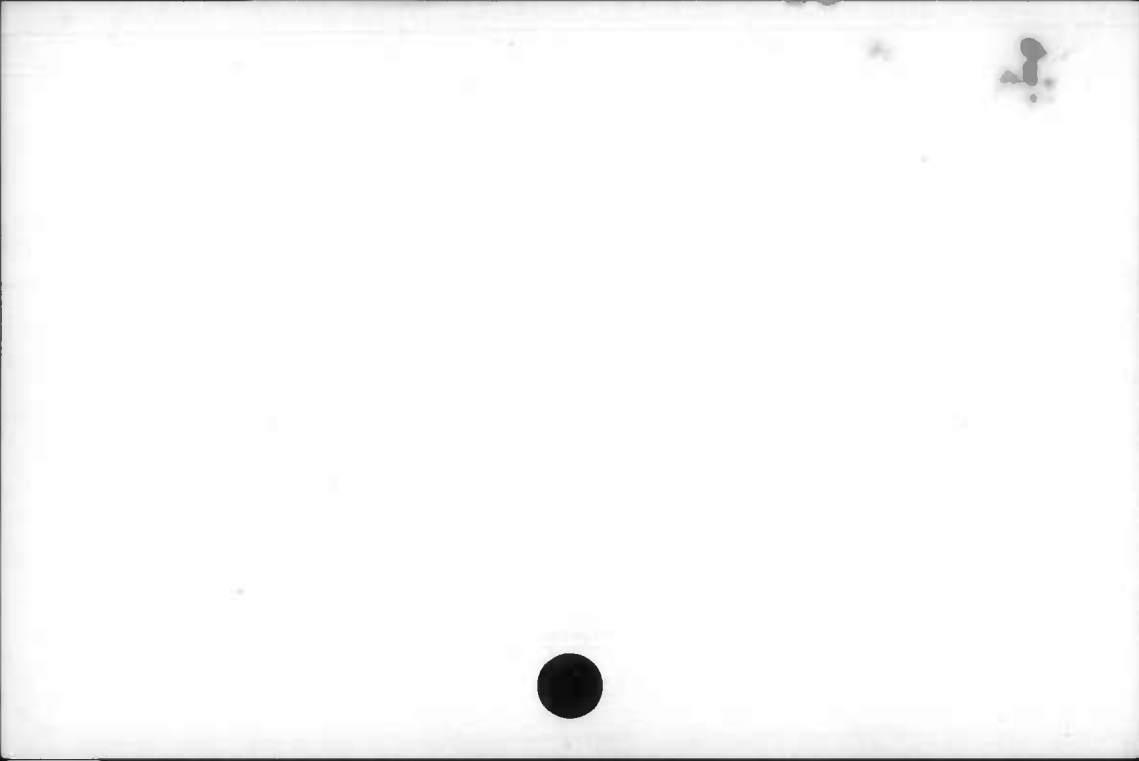
Signature of Physician

Address

B. L. Smith M.D.
Madison, Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Stiles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i>		Town	<i>Worcester</i>		County	MARYLAND	
Date of death	1909	Month	Aug.	Day	10	Age	Still-birth
Sex	male	Color or Race	Black	Birth-place	Ind		
Occupation	Infant			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Father's Name	Leon Stiles			Father's Birthplace Ind			
Mother's Maiden Name	Maggie Burris			Mother's Birthplace Ind			
Name of person giving Information	Leon Stiles			How related to deceased Father			

CAUSES OF DEATH

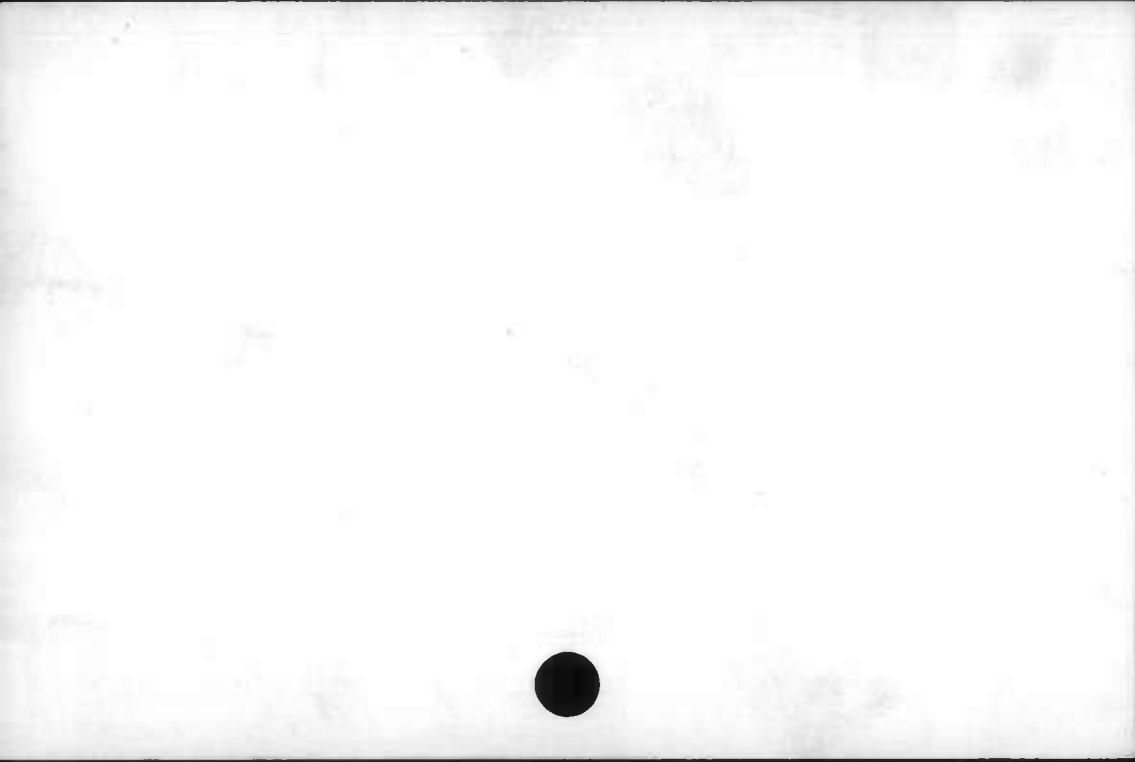
PHYSICIAN
OR CORONERPrimary *Still-birth.*How long *4*Immediate *-*How long *-*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

E.E. Wolff
Cambridge, Ind

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Emma Thomas

Town

County

MARYLAND

Died at

Bucktown

Dorchester Co

Date

of death

1909 Aug 27

Age

Years

27

Months

Days

Sex

Female

Color or
Race

Cotton

Birth-
place

Bucktown

Occupation

Homemaker

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Harrar Thomas

Father's
Name

Marger Hossy

Father's
Birthplace

Bucktown

Mother's
Maiden Name

Manda Molock

Mother's
Birthplace

Bucktown

Name of person giving
Information

James M Jackson

How related
to deceased

Son

CAUSES OF DEATH

33

Y

Primary

Tuberculosis of Pelvic Organs & Pelvic Abscess (6 or 8 months) -

How long Have not seen her

Immediate

Exhaustion

How long

Auntson

Are the name, age, sex, color, date
and place correctly given above?

yes

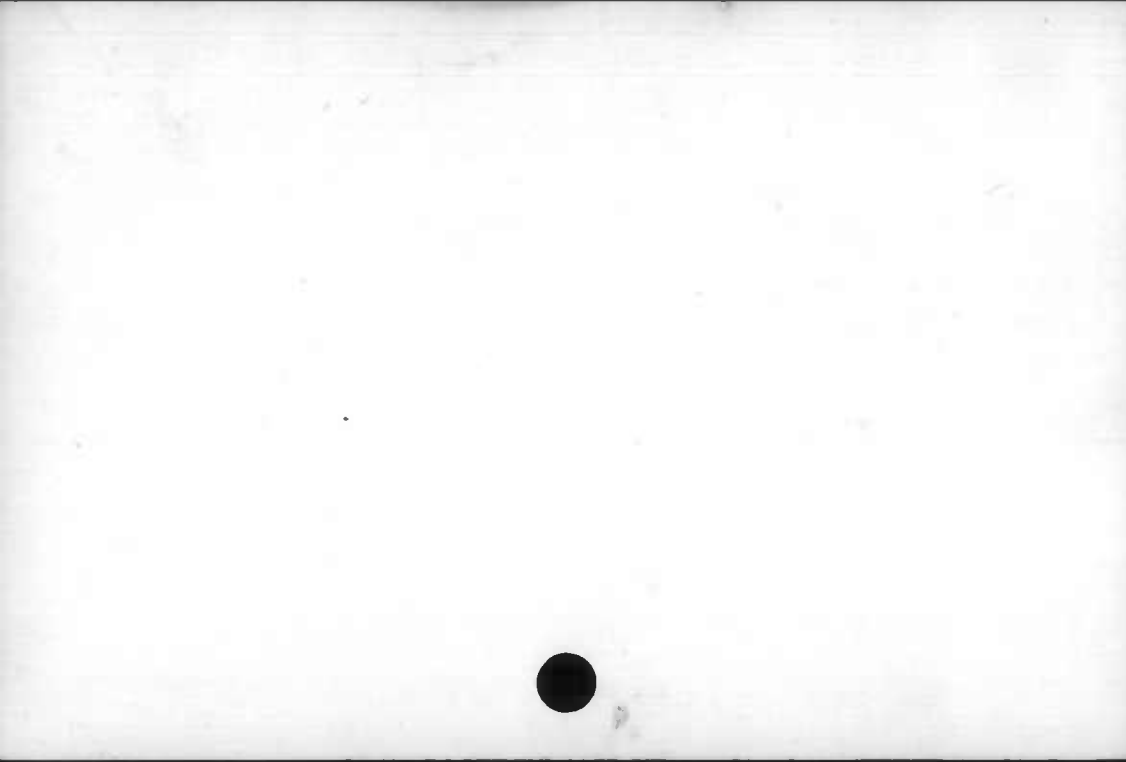
Signature of
Physician

Address

E. J. Walcott
Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

John H. Todd.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

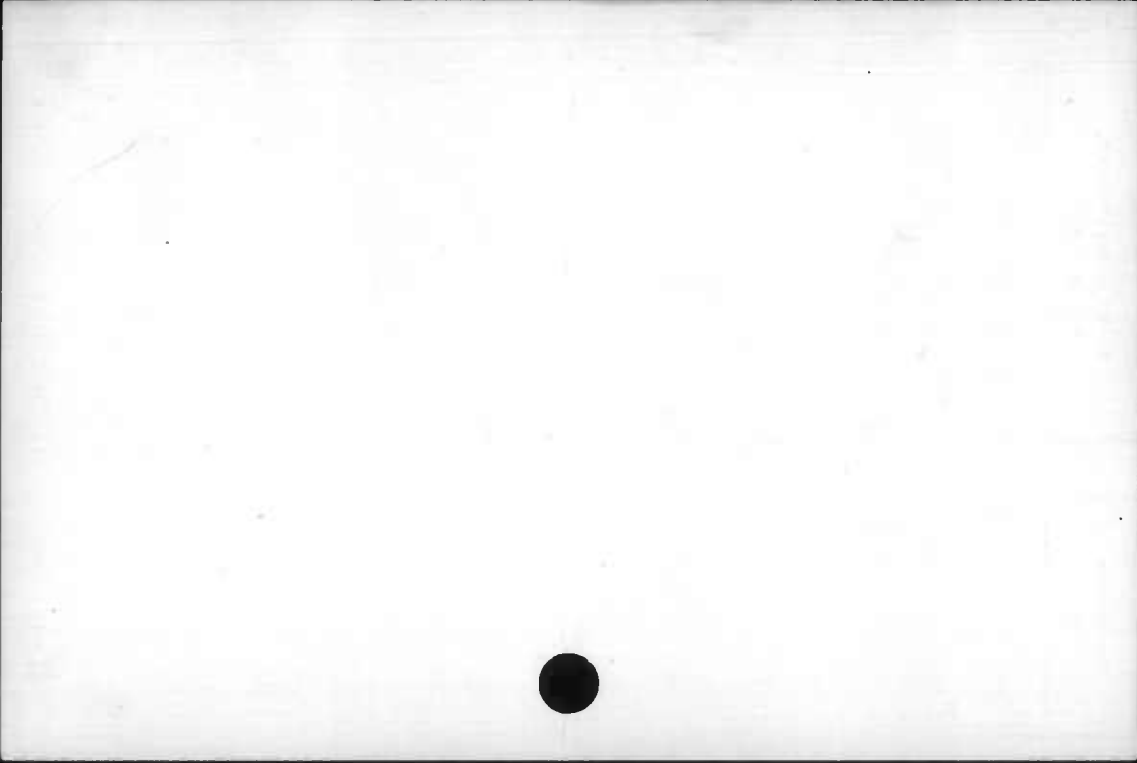
Died at		Town Williamsburg		County Dorchester		MARYLAND	
Date of death		Month 8	Day 15	Years 68		Months	Days
Sex male		Color or Race White		Birth- place Dorchester Co.			
Occupation Mason				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Laura Barnes					
Father's Name William W. Todd.				Father's Birthplace Dorchester Co.			
Mother's Maiden Name Susan Collins.				Mother's Birthplace Caroline Co.			
Name of person giving Information W. W. Todd.				How related to deceased Brother.			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Dis.	How long	23 mo.
Immediate	Acute Dilatation Heart.	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		F. L. Brooks, M.D.	
Address		Fidel als being of med.	
Accident or Suicide			



Name
in
Full

Rosa Evalina Tucker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

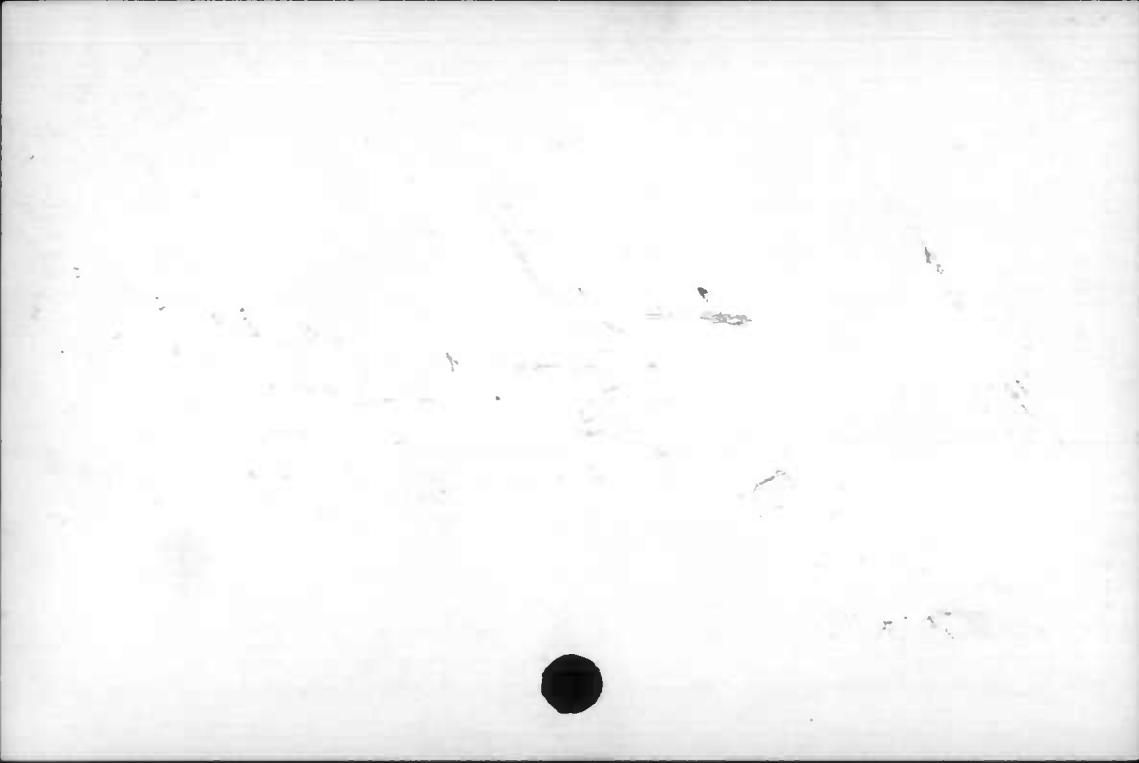
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		Aug.	9			8	16
Sex	Female	Color or Race	White		Birthplace	Maryland	
Occupation				Where Residing if not at place of death	Cambridge Md.		
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Jos. C. Tucker				Father's Birthplace	
						Maryland	
Mother's Maiden Name		May C. Parrott				Mother's Birthplace	
						"	
Name of person giving Information		May C. Parrott				How related to deceased	
						Mother	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enter - Colitis	How long	Some weeks
Immediate	Exhaustion	How long	" Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
X		Dr. J. L. Bonney	
		Address	
		Cambridge Md.	
Accident or Suicide			



Name
in
Full

Mrs E. E. E. E. E.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cauldage Town Dorchester County MARYLAND

Date of death 1909 aug 4 Day 57 Age 57 Months Days

Sex Female Color or Race White Birth-place Delaware

Occupation House wife Where Residing if not at place of death Cauldage Md

Married, ~~Single~~ or Widowed Name of Wife or Husband E. E. E. E.

Father's Name Not known Father's Birthplace

Mother's Maiden Name " " Mother's Birthplace

Name of person giving Information Mrs. E. E. E. E. How related to deceased Sister

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Chronic Nephritis How long Some months

Immediate E. E. E. E. How long 17 years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician D. E. E. E. Address Cauldage Md

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

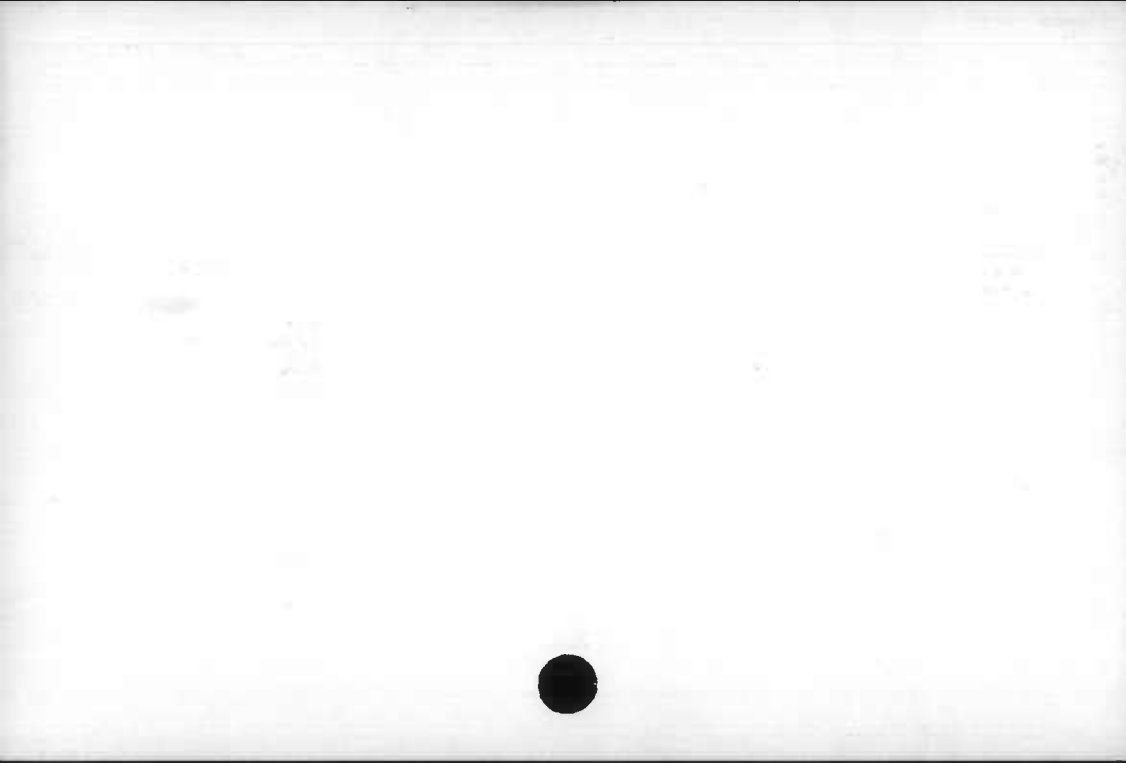
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>machines near Golden Hill, Darchester</i>		Town <i>machines</i>		County <i>Darchester</i>		MARYLAND	
Date of death <i>1909 Aug. 26th</i>		Month <i>Aug.</i>		Day <i>26th</i>		Years <i>About 80 yrs.</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Do not know.</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>_____</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>John Waters</i>					
Father's Name <i>Jos. Spicer</i>				Father's Birthplace <i>Do not know.</i>			
Mother's Maiden Name <i>Eliza</i>				Mother's Birthplace <i>Do not know</i>			
Name of person giving Information <i>John Waters</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of Heart, Dilatation,</i>		How long <i>Do not know</i>
Immediate <i>Passive Congestion, Dropsy, Exhaustion</i>		How long <i>3 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>As cor.</i>		Signature of Physician <i>W. H. Armstrong M.D.</i>
Address <i>reality as possible.</i>		<i>Fishing Creek Ind.</i>
Accident or Suicide <i>_____</i>		



Name
in
Full

William H. Westbrook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cambridge Town Dorchester County MARYLAND

Date of death 1909 Aug. Month 3- Day 28 Age 4 Years 4 Months Days

Sex Male Color or Race White Birth-place N. Jersey

Occupation Engineer Where Residing if not at place of death Cambridge Md

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Wm H. Westbrook Father's Birthplace N. Y.

Mother's Maiden Name Lydia J. North Mother's Birthplace N. Jersey

Name of person giving Information Sophia Evans How related to deceased Sister

CAUSES OF DEATH

Primary Dysphoid fever How long 2 weeks

Immediate Infection of intestine and Peritonitis How long 2 days

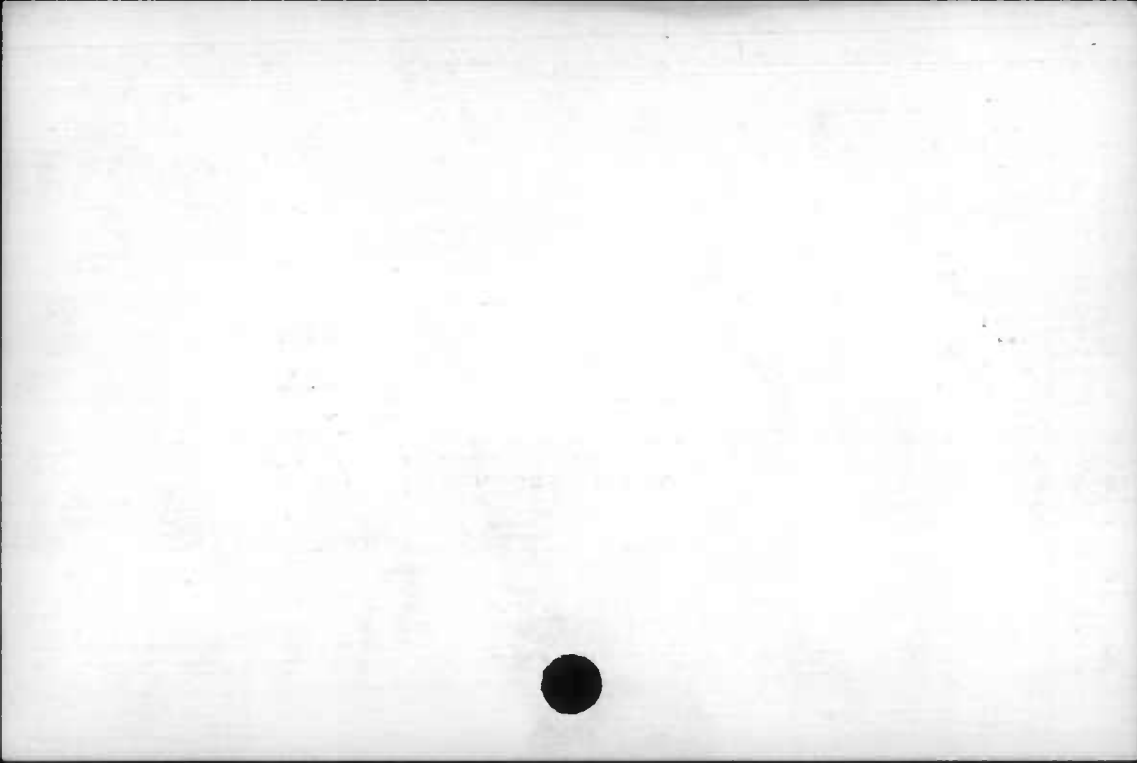
Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician Wm. Still

Address

Cambridge Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Edwards</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	Month	Day	Age	Years	Months
1909	Aug	16	35		7
Sex	Color or Race		Birth-place		
Female	White		Edwards		
Occupation			Where Residing if not at place of death		
Housewife					
Married, Single or Widowed	Name of Wife or Husband				
Married	Sheridan B. Wheatley				
Father's Name	Father's Birthplace				
James M. Mearns	Edwards				
Mother's Maiden Name	Mother's Birthplace				
Mary Mearns	" "				
Name of person giving Information			How related to deceased		
Sheridan B. Wheatley			Husband		

CAUSES OF DEATH

Primary	How long
Typhoid fever	3 weeks
Immediate	How long
Hemorrhage	2 days

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	<i>M. J. Goodway</i>
	Address
	<i>Sharpsboro</i>
	<i>Ind</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

11 9 4
9 1 6

Edmund Russell

Front & Elm St

Camden

C/o Chas G. Smith